

SEXUALLY TRANSMITTED DISEASES

A MEDICAL DICTIONARY, BIBLIOGRAPHY,
AND ANNOTATED RESEARCH GUIDE TO
INTERNET REFERENCES



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FORWARD

In March 2001, the National Institutes of Health issued the following warning: "The number of Web sites offering health-related resources grows every day. Many sites provide valuable information, while others may have information that is unreliable or misleading."¹ Furthermore, because of the rapid increase in Internet-based information, many hours can be wasted searching, selecting, and printing. Since only the smallest fraction of information dealing with sexually transmitted diseases is indexed in search engines, such as **www.google.com** or others, a non-systematic approach to Internet research can be not only time consuming, but also incomplete. This book was created for medical professionals, students, and members of the general public who want to know as much as possible about sexually transmitted diseases, using the most advanced research tools available and spending the least amount of time doing so.

In addition to offering a structured and comprehensive bibliography, the pages that follow will tell you where and how to find reliable information covering virtually all topics related to sexually transmitted diseases, from the essentials to the most advanced areas of research. Public, academic, government, and peer-reviewed research studies are emphasized. Various abstracts are reproduced to give you some of the latest official information available to date on sexually transmitted diseases. Abundant guidance is given on how to obtain free-of-charge primary research results via the Internet. **While this book focuses on the field of medicine, when some sources provide access to non-medical information relating to sexually transmitted diseases, these are noted in the text.**

E-book and electronic versions of this book are fully interactive with each of the Internet sites mentioned (clicking on a hyperlink automatically opens your browser to the site indicated). If you are using the hard copy version of this book, you can access a cited Web site by typing the provided Web address directly into your Internet browser. You may find it useful to refer to synonyms or related terms when accessing these Internet databases. **NOTE:** At the time of publication, the Web addresses were functional. However, some links may fail due to URL address changes, which is a common occurrence on the Internet.

For readers unfamiliar with the Internet, detailed instructions are offered on how to access electronic resources. For readers unfamiliar with medical terminology, a comprehensive glossary is provided. For readers without access to Internet resources, a directory of medical libraries, that have or can locate references cited here, is given. We hope these resources will prove useful to the widest possible audience seeking information on sexually transmitted diseases.

The Editors

¹ From the NIH, National Cancer Institute (NCI): <http://www.cancer.gov/cancerinfo/ten-things-to-know>.

CHAPTER 1. STUDIES ON SEXUALLY TRANSMITTED DISEASES

Overview

In this chapter, we will show you how to locate peer-reviewed references and studies on sexually transmitted diseases.

The Combined Health Information Database

The Combined Health Information Database summarizes studies across numerous federal agencies. To limit your investigation to research studies and sexually transmitted diseases, you will need to use the advanced search options. First, go to <http://chid.nih.gov/index.html>. From there, select the “Detailed Search” option (or go directly to that page with the following hyperlink: <http://chid.nih.gov/detail/detail.html>). The trick in extracting studies is found in the drop boxes at the bottom of the search page where “You may refine your search by.” Select the dates and language you prefer, and the format option “Journal Article.” At the top of the search form, select the number of records you would like to see (we recommend 100) and check the box to display “whole records.” We recommend that you type “sexually transmitted diseases” (or synonyms) into the “For these words:” box. Consider using the option “anywhere in record” to make your search as broad as possible. If you want to limit the search to only a particular field, such as the title of the journal, then select this option in the “Search in these fields” drop box. The following is what you can expect from this type of search:

- **Sexually Transmitted Diseases Treatment Guidelines 2002**

Source: MMWR Morbidity and Mortality Weekly Report Recommendations and Reports May 10 2002;51(RR-6):1-84.

Contact: US Government Printing Office, PO Box 371954, Pittsburgh, PA, 15250-7954, (202) 512-1800, <http://www.access.gpo.gov>. CDC National Prevention Information Network, PO Box 6003, Rockville, MD, 20849-6003, (800) 458-5231, <http://www.cdcnpin.org>.

Summary: This report for health professionals provides guidelines and recommendations for the most effective treatment regimens, screening procedures, and

prevention strategies for sexually transmitted diseases (STDs), which infect an estimated 15 million people each year in the United States. Some of the significant new recommendations and guidelines include (1) an expanded recommendation for chlamydia screening among women; (2) recommendations for alternative treatments for gonorrhea due to increasing drug resistance in California; (3) recommendations for health care providers to focus on risk assessment and counseling in addition to the clinical aspects of STD control, screening, and treatment; (4) findings from recent studies regarding the use of the spermicide Nonoxynol-9 (N-9); (5) expanded risk assessment and screening among gay and bisexual men; (6) new recommendations for treatment of recurrent genital herpes among persons infected with human immunodeficiency virus (HIV); and (7) a revised approach to the management of victims of sexual assault. The report also includes recommendations for screening and/or treatment of the following infections: epididymitis, pelvic inflammatory disease (PID), syphilis, trichomoniasis, human papillomavirus infection (HPV), hepatitis C, bacterial vaginosis, vulvovaginal candidiasis and scabies..

- **Girl Talk: Development of an Intervention for Prevention of HIV/AIDS and Other Sexually Transmitted Diseases in Adolescent Females**

Source: Public Health Nursing; Vol. 13, no. 5, Oct. 1996.

Contact: University of Michigan, School of Nursing, 400 N Ingalls, Rm 3352, Ann Arbor, MI, 48109-0482.

Summary: This journal article reviews the incidence and prevalence of sexually transmitted diseases (STDs) among adolescent females between the ages of 13 and 19. The issue of STDs has been overshadowed by continued public debate over adolescent pregnancy and childbearing. Of particular concern is the fact that STDs increase the likelihood of HIV transmission. To offset the growing incidence of STDs among female adolescents, gender-specific interventions are needed. The article describes the theoretical underpinnings that guided the development of a gender-specific intervention titled Girl Talk. A two-stage creation and review process was utilized to design this 2.5-hour, 4-session intervention. An overview of the quasi-experimental design is presented. Baseline characteristics of the three groups are reported. Also described is how participant feedback and design content analysis are used to evaluate the appropriateness of the intervention for adolescent females.

- **AIDS/Sexually Transmitted Diseases -- Special Issue**

Source: The Nursing Clinics of North America; Vol. 23, No. 4, December 1988.

Contact: W.B. Saunders Company, Harcourt Brace Jovanovich, Incorporated, The Curtis Center, Independence Sq W, Philadelphia, PA, 19106-3399, (800) 782-4472.

Summary: This special issue of a journal deals with aspects of Sexually transmitted diseases (STD's) and those dealing with issues related to Acquired immunodeficiency syndrome (AIDS) and Human immunodeficiency virus (HIV). The epidemiology, immunopathogenesis, and clinical consequences of HIV infection are discussed, as are the clinical research and antiviral treatments being developed and tested in the AIDS Clinical Trials Unit. Three articles explore patient management of adults with AIDS in hospitals, care of children with AIDS, and provision of home-care services. Another article reviews the psychosocial factors related to caring for homosexual Persons with AIDS (PWA's) and their significant others, and applies the nursing process in the context of crisis and existential theory. Infection-control procedures for health-care workers are outlined in one of the articles. Another article describes the California

Nurses Association AIDS Train the Trainer Program as one strategy for implementing allied health care personnel education programs. Two ethical issues facing nurses -- professional responsibility to care for PWA's and protection of patient confidentiality -- are explored. One article discusses the integration of HIV-antibody tests and related counseling into nursing practice. The neurological diseases and disorders associated with AIDS are summarized. Strategies to support nurses and to avoid burnout are recommended. The final article describes a model for hospice care of PWA's.

- **Human Papillomavirus, Gonorrhea, Syphilis, and Cervical Dysplasia in Jailed Women**

Source: American Journal of Public Health. 81(10):1318-1320, October 1991.

Summary: Researchers assessed the prevalence of human papillomavirus (HPV) by cervicovaginal lavage and Southern blot and inquired about behavioral risk factors for cervical disease and sexually transmitted disease (STD) by interview in 114 female detainees at a large New York City jail. During 4 successive weeks in 1988, eligible female detainees were asked to participate in the study. Eligibility criteria included (1) age under 50, (2) ability to speak English, (3) an intact uterine cervix, (4) history of heterosexual relations, and (5) competency to give informed consent. Those who agreed to participate received the usual medical intake evaluation: (1) Standardized medical history and physical including pelvic exam and laboratory tests for tuberculosis, syphilis, gonorrhea, pregnancy, and a Papanicolaou (Pap) smear; (2) a structured interview before the usual intake; and (3) cervicovaginal lavage for HPV. The structured interview elicited additional information about sexual and medical histories. Demographic data of participants and nonparticipants were abstracted from the standardized prison medical charts. Of 145 detainees, 130 met inclusion criteria, and 114 (88 percent) agreed to participate. The most common reason for refusal was belief that they were not infected; the most common reason for exclusion was a history of hysterectomy. Participants' average age was 26.6; 53 percent were black, 30 percent Hispanic, and 17 percent were white. Sixty-eight percent of women reported using drugs, 53 percent reported habitual use of cocaine, and 99 percent reported smoking cigarettes. Fifty-six percent of respondents stated that they knew their sex partners had other sex partners. Mean age at first coitus was 15. Forty women (35 percent) practiced contraception; 32 used condoms, 5 had tubal ligations, 2 used intrauterine devices (IUD's), and 1 used contraceptive sponges. A trend of increased condom use was observed among women with greater numbers of sex partners. Seven percent had positive gonorrhea cultures, 22 percent had positive syphilis tests, and 35 percent were infected with HPV. Five of nine women with abnormal Pap smears were infected with HPV compared to 30 of 95 women without significant Pap smear pathology. HPV type was not associated with Pap smear abnormality. 1 table, 19 references.

- **Prevalence of Syphilis, Hepatitis B Virus (HBV), and Human Immunodeficiency Virus (HIV) Infection in New Arrestees at the Lake County Jail, Crown Point, Indiana**

Source: Journal of Prison & Jail Health; Vol. 12, no. 2, Winter 1993.

Contact: Eli Lilly and Company, Eli Lilly Corporate Center, Indianapolis, IN, 46285, (317) 276-2000, <http://www.lilly.com>.

Summary: This article reviews a study conducted to determine the prevalence in arrestees of syphilis, hepatitis B virus (HBV), and HIV infection by demographic and behavioral characteristics, and to evaluate the costs associated with universal screening for these sexually transmitted diseases compared with a theoretical targeted screening

program. Three hundred and nineteen arrestees were screened for syphilis, HBV, and anonymously for HIV infection. The prevalence of syphilis was 2.5 percent; hepatitis B surface antigen prevalence was 1.6 percent; the prevalence of past or present HBV infection was 21.9 percent; and the prevalence of HIV infection was 1.6 percent. Targeted screening for sexually transmitted diseases was found to be more cost-effective.

- **The Resurgence of Syphilis in the United States**

Source: Current Opinion in Infectious Diseases, 1991; Vol. 4.

Contact: US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Prevention Services, Division of Sexually Transmitted Disease, 1600 Clifton Rd NE, Atlanta, GA, 30333, (404) 639-8002.

Summary: This reprint of a journal article says that more cases of both primary and secondary syphilis were reported in 1989 than in any other year since 1949, and that the amount of infection is on the rise in spite of four decades of penicillin therapy. The rising incidence of drug use has been linked to the spread of the Sexually transmitted disease (STD). The article says that observations in patients coinfectd with Human immunodeficiency virus (HIV) have raised questions about the adequacy of penicillin treatment. Efforts to control the epidemic have brought needed attention to improving health care delivery to persons at risk for syphilis. It examines the epidemiology of early syphilis infection, congenital syphilis, interventions, treatment, and the connection between syphilis and HIV.

- **The Effect of Video Interventions on Improving Knowledge and Treatment Compliance in the Sexually Transmitted Disease Clinic Setting: Lessons for HIV Health Education**

Source: Sexually Transmitted Diseases; Vol. 20, No. 2.

Contact: Columbia University, School of Public Health, Division of Socio - Medical Sciences, 600 W 168th St 7th Fl, New York, NY, 10032.

Summary: This journal article analyzes the results of eight intervention studies investigating patient education and treatment compliance in sexually transmitted disease (STD) clinics. The article compares the impact of different types of educational and prevention approaches, focusing on the difference between using video and other educational methods. The comparison looked at changes and improvement in knowledge and attitudes about STD's and condoms, and treatment compliance. Compliance was measured by rate of return for additional testing, drug compliance, premature resumption of sexual activity, and condom coupon redemption rates. The video had a broader effect on knowledge and attitudes about STD's and condoms. The difference between video and non-video interventions in treatment compliance was slight.

- **Cervical Cancer Screening of Women Attending Sexually Transmitted Disease Clinics**

Source: Clinical Infectious Diseases. 20(Supplement 1):S98-S103, April 1995.

Summary: A researcher addresses issues that might affect or impede cervical cancer screening in public sexually transmitted disease (STD) clinics: (1) The presence of dysplasia, including the percentage of women found to have moderate-to-severe dysplasia and invasive cancers; (2) the potential impact of selective screening criteria on

the performance of screening programs; (3) the impact of STD-related inflammation on adequate specimen collection and accurate cytopathological diagnosis; and (4) the difficulty encountered in following up women whose smear results were abnormal or less than optimal. The researcher reviewed the English-language literature from 1960 through 1992 with the use of MEDLINE for all evaluations of cervical cancer screening that were conducted in STD clinics. Only seven cervical cancer screening studies conducted in STD clinics were reported from 1960 through 1992; these studies were performed in six public clinics in Great Britain, New Zealand, and the United States. Four studies were conducted in the 1960's and none were performed after 1983. Population characteristics varied among clinics and over time, and the studies did not use a similar methodology. In each of the seven evaluations, the prevalence of dysplasia was high among all women screened (range 5-11 percent). Moderate-to-severe dysplasia (Class III (CIN II) or higher grades) were found in 0.7-3.2 percent of Papanicolaou (Pap) tests collected for screening; this prevalence was more than five times that among demographically similar women screened at family planning clinics. Some of the STD clinic studies found unexpected carcinomas in very young women. In four of the studies, some exclusion criteria were used for preferentially screening women either most likely to have dysplasia or least likely to have had a recent Pap test: Young age (under age 25), patient report of a Pap test within the previous 12 months, pregnancy, and hysterectomy. One study also excluded women who were menstruating, were using oral contraceptives, or had trichomonas infection. Current literature suggests some of the selection criteria applied in these studies may actually exclude women at high risk for cervical cancer. In most cases, the studies made no attempt to distinguish between smears showing only inflammatory changes and those showing inflammatory atypia. Followup in cases of abnormal results or unsatisfactory Pap smear tests was a substantial problem. Between 12-64 percent of women whose initial smears were either unsatisfactory or less than optimal were lost to followup. Of the women whose initial Pap smears showed moderate dysplasia or more severe disease, between 16 and 58 percent could not be found for colposcopy. 1 table, 43 references.

- **Screening for Cervical Cancer in Emergency Centers and Sexually Transmitted Disease Clinics**

Source: *Obstetrics and Gynecology*. 73(3 part 1):453-455, March 1990.

Summary: A low priority is given to cervical cancer screening within sexually transmitted disease (STD) clinics and hospital-based emergency care facilities in Los Angeles County, California. Of 19 hospital-based emergency centers studied, only 26 percent reported a policy of cervical cancer screening, and 70 percent of hospitals estimated that fewer than 5 percent of the female patients with a gynecologic emergency received a Papanicolaou smear. Only 3 of the 11 STD clinics reported a policy for cervical cancer screening. In all of the clinics studied, fewer than 5 percent of the female patients were estimated to have received a Papanicolaou smear even though all of these patients had pelvic examinations. A need exists for more pilot research and demonstration projects to determine the feasibility of screening for cervical cancer within emergency rooms and STD clinics. A key public health issue in conducting screening programs is the obligation to perform followup of patients with abnormal test results. For STD clinics, followup of patients with abnormal Papanicolaou smears might be integrated into existing followup protocols for patients with an STD. Another option would be to assign these activities to a comprehensive ambulatory health center or hospital that falls within the normal referral pattern of the STD clinic. Within hospital-based emergency rooms patient followup would be conducted by another hospital department, clinic, or agency. 1 figure, 17 references.

Federally Funded Research on Sexually Transmitted Diseases

The U.S. Government supports a variety of research studies relating to sexually transmitted diseases. These studies are tracked by the Office of Extramural Research at the National Institutes of Health.² CRISP (Computerized Retrieval of Information on Scientific Projects) is a searchable database of federally funded biomedical research projects conducted at universities, hospitals, and other institutions.

Search the CRISP Web site at http://crisp.cit.nih.gov/crisp/crisp_query.generate_screen. You will have the option to perform targeted searches by various criteria, including geography, date, and topics related to sexually transmitted diseases.

For most of the studies, the agencies reporting into CRISP provide summaries or abstracts. As opposed to clinical trial research using patients, many federally funded studies use animals or simulated models to explore sexually transmitted diseases. The following is typical of the type of information found when searching the CRISP database for sexually transmitted diseases:

- **Project Title: A RANDOMIZED CONTROLLED TRIAL OF THE NIA INTERVENTION**

Principal Investigator & Institution: Doswell, Willa M.; Associate Professor; Health Promotion & Development; University of Pittsburgh at Pittsburgh 350 Thackeray Hall Pittsburgh, PA 15260

Timing: Fiscal Year 2001; Project Start 15-FEB-2001; Project End 31-JAN-2006

Summary: There are approximately 34 million adolescents, between the ages of 11-17 in the United States. Approximately 12 percent of them are African American. These youth are experiencing earlier puberty onset, face earlier challenges to participate sexual activity, and earlier potential for pregnancy and contraction of **sexually transmitted diseases** (Commission, 1999). A recent national commission of experts in adolescent research recommended developing and implementing new interventions to reduce early sexual (sic) targeting early adolescents in middle school. The purpose of this study is to evaluate the efficacy of the NIA intervention on intention to engage in early sexual behavior, and actual involvement in early sexual behavior in a convenience sample of 6th and 7th grade African American girls. The NIA intervention will be compared against a usual after school activity control group of 6th and 7th grade African American girls in two public middle schools in the Pittsburgh Public School system. Using the theory of reasoned action (TRA) the study's specific aims are to determine if girls assigned to the NIA intervention show: 1) a greater decrease in favorable attitudes towards early sexual behavior than those in the control group; 2) a greater influence of subjective norms supporting a delay in involvement in early sexual behavior than those in the control group; 3) a greater intention not to engage in early sexual behavior than those in the control group; 4) less involvement in early sexual behavior than those in the control group; and 5) a sustained or greater improvement in the study dependent variables at post intervention (3 months), and 6 and 12 months post intervention. The study will use a 2 school by 2 group by 2-application quasi-experimental nested-factorial design with repeated measures at four time points. There will be two schools with

² Healthcare projects are funded by the National Institutes of Health (NIH), Substance Abuse and Mental Health Services (SAMHSA), Health Resources and Services Administration (HRSA), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDCP), Agency for Healthcare Research and Quality (AHRQ), and Office of Assistant Secretary of Health (OASH).

subjects randomly assigned within schools to two NIA intervention groups and two control groups (crossing NIA and control groups across schools in alternating years x 4 years) across 4 measurement occasions. The primary statistical procedure will be a 2 x 2 x 2 multivariate-fixed effect analysis of variance (MANOVA) with the 4 repeated measures treated as a multivariate variable. The repeated measures ANOVA will be conducted on each of the dependent variables separately. In level two of the analysis, path analysis will explore the theoretical relationships in the TRA.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: ADOLESCENT HIV/STD RISK OF EXPOSURE SCREEN DEVELOPMENT**

Principal Investigator & Institution: Young, Paul Albert.; Principal Investigator; Nova Research Company 4600 East-West Hwy, Ste 700 Bethesda, MD 20814

Timing: Fiscal Year 2001; Project Start 30-SEP-2001; Project End 31-AUG-2006

Summary: (provided by applicant) Human immunodeficiency virus (HIV) and other **sexually transmitted diseases** (STDs) are major health concerns among adolescents. The adolescent health field has repeatedly requested development of a brief, standardized, reliable and validated adolescent HIV/STD transmission risk screening instrument to be used across sites, settings, interventions, and populations. Thus, the goal of this research is to develop this reliable and valid self-report HIV/STD-risk screen that is developmentally appropriate for administration to adolescents 12 through 19 years of age. This screen will be configured like the widely used, NIDA-developed Problem-Oriented Screening Instrument for Teenagers (POSIT). Toward this goal, a 5-year, multi-site psychometric study will be conducted to: (1) translate the preliminary screen into Spanish; (2) reduce the number of items on the currently available 30-item scale; (3) accumulate diverse evidence for the reliability and validity of the English screen; (4) identify optimal cut scores to differentiate high/medium-from low/medium-risk youth; and (5) accumulate similar psychometric evidence and identify optimal cut scores for the Spanish- language version. The 30-item screen and accompanying battery of validating instruments will be administered using audio, computer-administered self-interview (audio-CASI) technology by a collaborative team of researchers at field sites across the US, initially in English and, after refining, in Spanish. Sites will include outpatient adolescent health clinics and pediatric clinics to target low/medium-risk youth and drug treatment settings, outpatient STD clinics, counseling clinics, and juvenile detention centers to target high/medium-risk youth. Data will be aggregated nationally and reliability analysis and validity analysis-construct, concurrent, and discriminant validity-performed, along with item analysis to reduce the item set so that the most efficient and psychometrically sound screen is retained. Optimal cut scores will be derived using the Minimum Loss function cut score determination method along with estimations of the relative seriousness of making Type I and Type II errors.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: ANOGENITAL CANCER-- EPIDEMIOLOGY/BIOCHEMISTRY/IMMUNOLOGY**

Principal Investigator & Institution: Daling, Janet R.; Fred Hutchinson Cancer Research Center Box 19024, 1100 Fairview Ave N Seattle, WA 98109

Timing: Fiscal Year 2001; Project Start 10-APR-1987; Project End 31-MAR-2006

Summary: We propose to study risk factors for multiple primary anogenital cancers and to continue our case-control studies of cervical and vulvar cancer. Both studies have as

their goal the elucidation of factors, beyond HPV, that contribute to the etiology of anogenital cancer. The new, major focus of this proposal will be risk factors for the development of multiple primary anogenital tumors. We will match each of these women to a woman with one anogenital tumor who does not go on to develop a second tumor. We will interview multiple primary anogenital cancer cases and matched single primary controls about characteristics that may be related to their risk of a second primary tumor, and collect archival tumor tissue to test for HPV DNA types and non-prototype variants. Blood will be collected for serologic and genetic testing. We plan to determine whether the risk of multiple primary anogenital cancers is related to: 1) cigarette smoking, particularly continued smoking following the initial primary; 2) HLA class II alleles; 3) family history of anogenital cancers; 4) HPV type and non-prototype variant in the initial primary cancer. The data from this study may contribute to the design of clinical monitoring for anogenital cancer patients at high risk of second primary cancer, and may provide targets for behavior modification that could reduce the incidence of multiple anogenital tumors. In continuing our case-control study, we will examine HPV co-factors in relation to risk cervical and vulvar carcinoma. The study will be conducted in three counties of western Washington. All women engaged 18-74 who are diagnosed from January 2000 through December 2004 with cervical or vulvar cancer will be identified through the population-based Cancer Surveillance System. Cases and population-based controls will be interviewed regarding history of **sexually transmitted diseases**, smoking status, family history of anogenital and other cancers, as well as known risk factors for each tumor. Tissue specimens will be obtained from all cases and will be assayed for HPV DNA. Blood will be collected and tested for antibodies to HPV and for HLA alleles. The data will provide sufficient power for testing important interactions among HLA alleles, and between HLA alleles and lifestyle risk factors.

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- **Project Title: BEHAVIORAL DYNAMICS OF HIV/AIDS IN UTTAR PRADESH, INDIA**

Principal Investigator & Institution: Bloom, Shelah S.; Carolina Population Center; University of North Carolina Chapel Hill Office of Sponsored Research Chapel Hill, NC 27599

Timing: Fiscal Year 2001; Project Start 01-JUN-2001; Project End 31-MAY-2004

Summary: The overall objective of the present study is to describe the potential for the spread of HIV/AIDS in the northern state of Uttar Pradesh, India (UP). UP, the most populous state of India, is characterized by conditions that have exacerbated the AIDS epidemic elsewhere: low socio-economic development, poor health outcomes particularly for women, and high gender stratification. The study's two consecutive phases will address the four specific aims: Phase I: Qualitative methods will be used to: 1) Develop a set of explanatory models to elucidate the combination of factors that place men in urban UP at risk for engaging in sexual bridging behavior; 2) inform the development of the male survey instrument for Phase II and aid the interpretation of Phase II results. Men who engage in bridging behavior will be identified from among clients of female sex workers and STD patients in the same cities selected for the Phase II population-based survey. In-depth, interviews with these men will focus on life history, peer groups, sexual networking, partner history, patterns of condom use, HIV/STD-related knowledge, and other factors. Qualitative analyses will identify factors and pathways of influence associated with behavior that places men at risk for becoming infected with and transmitting HIV infection. Phase II: A cross-sectional, population-

based survey among couples of reproductive age in UP will be conducted to: 3) Investigate the patterns and determinants of HIV/STD-related knowledge, and perceptions of risk, and of related behavior that places them at risk for these infections, 4) identify and compare the determinants of married women's and men's health seeking behavior for symptoms of **sexually transmitted diseases**. A probability sample of 3,000 couples living in the two largest cities and a rural area in each of the five geographical regions that comprise UP will be drawn. Eligible women will be aged 14- 49, married, and residing with their husbands at the time of interview. Eligible men will be the spouses identified by eligible women. Data provided by wives and husbands will be linked and used in multivariate analyses to investigate the differentials between spouses in the patterns and determinants of the outcomes of interest, with a particular focus on the effects of women's autonomy and men's social support for their wives.

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- **Project Title: BIOGENESIS OF THE CHLAMYDIA TRACHOMATIS VACUOLE**

Principal Investigator & Institution: Engel, Joanne N.; Associate Professor; Medicine; University of California San Francisco 500 Parnassus Ave San Francisco, CA 94122

Timing: Fiscal Year 2001; Project Start 01-FEB-2000; Project End 31-JAN-2005

Summary: (Adapted from the Applicant's Abstract): Chlamydia trachomatis is the leading cause of **sexually transmitted diseases** in this country and a major cause of blindness in third world countries. The ability of this obligate intracellular parasite to enter a non-phagocytic epithelial cell and survive within the hostile intracellular environment of the eukaryotic cytoplasm is key to its pathogenesis. The intimate interactions between chlamydia and its eukaryotic host is likely to involve natural biological pathways of the eukaryotic cell that the parasite usurps for its own survival. Study of these processes will yield insights into eukaryotic cell biology as well as insights into chlamydial disease pathogenesis. From these studies may emerge new therapeutic approaches to treating or preventing chlamydial infections. Specific Aim 1: The investigators hypothesize that successful *C. trachomatis* biovar LGV entry and intracellular development in epithelial cells involves at least two separate pathways, one of which is clathrin-independent, and have preliminary evidence that entry and/or development is dependent upon the host actin cytoskeleton and is modulated by c-src. (A) They will test the role of clathrin mediated endocytosis by assessing the effect in epithelial cells of expression of dominant negative (DN) alleles of dynamin, ARF-6, or clathrin on *C. trachomatis* binding, entry, and replication. (B) They will further investigate the role of the actin cytoskeleton in the *C. trachomatis* life cycle by determining whether the actin-regulating GTPases rac, rho, and CDC42 affect LGV and serovar E binding, entry, and replication in polarized and non-polarized epithelial cells. (C) They will determine the mechanism of c-src-mediated stimulation of *C. trachomatis* infectivity. Specific aim 2: An unusual aspect of the *C. trachomatis* life cycle is the receipt of sphingomyelin from the trans Golgi Network (TGN) by the bacteria-containing vacuole. They will test the hypothesis that the *C. trachomatis* vacuole interacts with one or more apical exocytic pathways including the newly proposed exocytic pathway in which lipid rafts transport sphingolipids, glycosylphosphatidylinositol (GPI)-anchored proteins, and other designated proteins to the apical surface of polarized epithelial cells. Using several approaches, they will identify specific host cell factors required for the delivery of sphingomyelin from the TGN to the *C. trachomatis* vacuole. This will help to further define the pathway involved. These studies may lead to the development of new anti-chlamydial drug therapies and further our understanding of lipid trafficking in eukaryotic cells.

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- **Project Title: BRIEF ADOLESCENT ALCOHOL/HIV PREVENTION INTERVENTIONS**

Principal Investigator & Institution: Boekeloo, Bradley O.; Associate Professor; Health Education; University of Maryland College Pk Campus College Park, MD 20742

Timing: Fiscal Year 2001; Project Start 30-SEP-1998; Project End 31-MAR-2004

Summary: APPLICANT'S ABSTRACT: Brief interventions are needed to address the compounded problem of early sexual activity and alcohol use which results from the unsupervised social activities of young adolescents. Brief interventions which can reach a large number of adolescents with salient messages and/or increase the guidance by care givers, such as health providers, may decrease rates of unsupervised social drinking among adolescents. We aim to: 1) Revise our audio self-assessment and education program, which increased adolescent-provider discussion about condoms, increased condom use, and decreased signs of **sexually transmitted diseases**, so that it specifically addresses the social context of alcohol/HIV risk, 2) Conduct a randomized trial to determine whether a) an audio intervention alone or b) an audio + physician intervention reduces adolescent alcohol use and sexual behavior. Six primary care practices in Washington, D.C. health maintenance organizations (approximately 20 physicians) will participate in this study. Research staff will recruit approximately 18 of each physician's patients age 12 through 15 years. Adolescents will be randomized into three study groups: I-Usual Care, II-Audio Only, III-Audio + Physician. Physician-patient discussion about avoiding alcohol use and sex will be assessed by tap recordings of the general health examination and adolescent exit interviews. Adolescents' alcohol behaviors will be measured by telephone interview 4-, 8- and 12-months after the index physician visit. This study will demonstrate whether audio self-assessment alone or in conjunction with provider advice can decrease adolescent alcohol use and unprotected sexual intercourse. Although the study targets adolescents in primary care, the brief interventions could be more broadly administered if shown effective.

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- **Project Title: DEVELOPMENT OF A UC-781 COMBINATION MICROBICIDE**

Principal Investigator & Institution: Romano, Joseph W.; Biosyn, Inc. 1800 Byberry Rd, Bldg 13 Huntingdon Valley, PA 19006

Timing: Fiscal Year 2002; Project Start 15-AUG-2002; Project End 31-JAN-2003

Summary: (provided by applicant): Despite significant advances in the treatment of HIV-1 infection, the epidemic continues to expand at an alarming rate. It is estimated that 36 million people are currently infected with HIV-1, and that there are over 5 million new cases each year. The vast majority of these new infections occur through sexual transmission. Other **sexually transmitted diseases** (STD) are also transmitted at very high rates. Approximately 15 million new cases of STD occur each year in the U.S., and there are over 400 million cases of STD world-wide. Clearly, the conventional approaches of counseling and condom use are not sufficient to stem the increase in these infections. As vaccines continue to be lacking for these infections, alternative means of prevention need to be developed. Thus, a vaginal microbicide with a broad spectrum of activity against sexually transmitted bacteria and viruses (including HIV-1) would be an extremely important advancement in the prevention of STD transmission. Moreover, such a microbicide would be particularly important for women, who would gain some level of control in the use of appropriate preventive measures. Unfortunately, there is no

single agent available that has the ability to protect against all of the relevant types of sexually transmitted pathogens. Therefore, Biosyn, Inc. proposes to determine the feasibility of combining C31 G, a surface active, broad spectrum anti-bacterial agent which also has anti-enveloped virus activity, with UC-781, an extremely potent inhibitor of HIV-1 reverse transcriptase. Specifically, the objectives of this Phase I SBIR project are: (1) to determine the activities of these two drugs in the presence of the other, and correlate these activities with their physical state, (2) to produce candidate vaginal microbicide formulations that combine these two drugs, (3) to develop analytical methods that can subsequently be used to evaluate formulations that include both drugs, and (4) develop functional assays for such formulations that can discriminate between the activities of each drug in a formulation. At the completion of this effort, we expect to have a set of candidate formulations that can be progressed into a Phase II SBIR project that will involve comprehensive evaluation and appropriate pre-clinical development.

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- **Project Title: DISEASE ON NEW HOSTS: MICROBOTRYUM AS A MODEL SYSTEM**

Principal Investigator & Institution: Antonovics, Janis; Biology; University of Virginia Charlottesville Box 400195 Charlottesville, VA 22904

Timing: Fiscal Year 2001; Project Start 30-SEP-1999; Project End 31-AUG-2003

Summary: Host shifts of pathogens from animal species have lead to an increasing number of infectious diseases in humans. Studies of host shifts have been conducted primarily through the historical approach of tracing the epidemic's origin and identifying the reservoir host. While this is an important component of preventing disease transmission, the goals of the proposed research are to develop a more predictive approach to the study of host shifts and to attain a basic understanding of the ecological and genetic processes involved. The proposed research will combine phylogenetic data analysis with experimental microevolutionary studies to achieve these goals. The phylogenetic analyses will be used to determine the characteristics of hosts and pathogens that have favored host shifts in the past, and to use these characteristics to make predictions about the likelihood of future host shifts. Inoculation experiments will then be used to test these predictions. Studies will be carried out on the genetic and ecological basis of host shifts occurring in present day populations, and on the evolutionary and population dynamics of newly emerged pathogens. The fungal pathogen *Microbotryum* will be used as a model system. This pathogen is characterized by a large number of naturally occurring host-races, it is easily manipulated, and large experimental studies are feasible. This extensively studied natural plant pathogen system has already provided valuable insights into the biology of **sexually transmitted diseases**. This proposal will address these specific aims: 1. To use phylogenetic information to predict host shifts; and 2. To study host shifts in a population dynamic context, and thereby, a. Determine the population dynamics of pathogens on new hosts, b. Determine the role of genetic factors in the transmission of a pathogen to a new host, c. Determine the role of pathogen specialization in persistence on new hosts.

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- **Project Title: DISRUPTIVE DISORDERS & STD/HIV RISK IN ADOLESCENT DYADS**

Principal Investigator & Institution: Aalsma, Matthew; Medicine; Indiana Univ-Purdue Univ at Indianapolis 620 Union Drive, Room 618 Indianapolis, IN 462025167

Timing: Fiscal Year 2002; Project Start 17-SEP-2002; Project End 31-AUG-2007

Summary: (provided by applicant): The overall objective of this research request for a Mentored Research Scientist Development Award is to gain expertise in the area of adolescent problem behavior and risk for infection with **sexually transmitted diseases** (STD) and human immunodeficiency virus (HIV). Specifically, health risk behaviors in adolescent romantic/sexual dyads where the female member of the dyad is engaging in disruptive behaviors will be explored during the career development period. The importance of this career development program is highlighted by epidemiological studies of STD and HIV infection, where adolescents with disruptive disorders are over-represented. Additionally, romantic partnerships are integral to the sexual relationships that are implicitly associated with adverse health outcomes (infection with STD/HIV). Romantic partnerships provide unique types of social influence and controls. Hence, romantic/sexual dyads specific to this population are an important public health focus for research. The specific aims of this career development proposal are 1) to assess the role of dyad specific risk behavior when dyad members exhibit behaviorally concordant or discordant risk and protective behavior; 2) to assess the dyad specific risk behavior when the female member has a disruptive disorder; and 3) to understand the key tools that are needed in the creation of an intervention research program focused on dyadic and contextual influences with this population. Aim 1 will be explored through analyses of data obtained from the Add Health database. Aim 2 will be assessed via a pilot study of romantic/sexual dyads where the female member is diagnosed with conduct disorder, oppositional defiant disorder, or is involved in delinquent or criminal activity within the community setting. Aim 3 will be developed in conjunction with mentorship from nationally recognized experts in the field of adolescent sexuality and the results from research studies conducted in this career development program. This research request will provide the basis for an R21 STD/HIV intervention research application for adolescent females with disruptive disorders. Additionally, this career award will fill an important research gap and provide critical scientific data for planning future intervention trials. The career development plan and supervised research experiences will provide the candidate with the necessary research skills for a career as an independent research investigator.

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- **Project Title: DNA VACCINE EFFICACY IN HERPES SIMPLEX VIRUS TYPE 2**

Principal Investigator & Institution: Bernstein, David I.; Professor; Children's Hospital Med Ctr (Cincinnati) 3333 Burnet Ave Cincinnati, OH 45229

Timing: Fiscal Year 2001; Project Start 01-JUN-2001; Project End 31-MAY-2005

Summary: (Adapted from Applicant's Abstract) Herpes simplex virus type 2 (HSV-2) infection is one of the most common **sexually transmitted diseases**. Following acute infection of the genital tract, the virus becomes latent and can reactivate to cause recurrent disease or be shed asymptomatically. Therefore vaccines can either be prophylactic, preventing or modifying the initial infection, or therapeutic, preventing or minimizing recurrent disease in those previously infected with HSV-2. To date neither vaccine strategy has been successful. One recent vaccine strategy utilizes DNA but this approach has not been optimized. In this application, we describe experiments designed to increase the effectiveness of HSV DNA vaccines. Because protection from both acute and recurrent HSV disease appears to be mediated by T cells, the initial aims are to evaluate HSV-2 glycoprotein B (gB) DNA vaccines targeted to the endosome/lysosome to increase MHC class II presentation and the CD4+ response (Aim 1). We also will characterize gB DNA vaccines targeted to the proteasome to increase MHC Class I

presentation and the CD8+ T cell response (Aim 2). We will verify targeting, evaluate T cell responses, and assess these vaccines in our well-characterized small animal models of HSV-2 infection. In Aim 3, we will combine the best MHC class I and MHC class II targeted vaccines and evaluate their combined efficacy. In Aim 4, we will examine the effects of co-expressing gB with immune homing receptors. By targeting the antigen presenting cells to the lymph nodes we hypothesize that we will increase both the HSV-specific and innate immune response and protection. Our experience with the murine and guinea pig models as well as the virologic, clinical and immunologic endpoints make these models ideal for examining the strategies proposed. The experiments proposed will improve our understanding of the protective immune response for acute and recurrent disease, increase our knowledge of targeted DNA vectors for HSV-2 and other pathogens, and should result in improved DNA vaccines.

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- **Project Title: DOUCHING AND REPRODUCTIVE TRACT INFECTIONS**

Principal Investigator & Institution: Funkhouser, Ellen M.; Epidemiology & Internatl Health; University of Alabama at Birmingham Uab Station Birmingham, AL 35294

Timing: Fiscal Year 2001; Project Start 01-JUN-2001; Project End 31-MAY-2004

Summary: Douching is a common practice among American women, especially in the South, among Black women, and among women who are less educated. Douching has been associated with many adverse health events including pelvic inflammatory disease and ectopic pregnancy, and to a much less well established degree, **sexually transmitted diseases** (STDs). The proposed project is a cross-sectional study of reproductive tract infections and douching practices in Jefferson County, AL. Women attending the County STD clinic and 2 County Family Planning Clinics will be interviewed prior to examination regarding douching practices and history of sexual activities, pregnancies, contraceptive practices, and STDs. Presence of infections and pH of vaginal secretions will be ascertained from appropriate tests. Cases will be women presenting with **syphilis, gonorrhea**, trichomonas, chlamydia, or bacterial vaginosis. Over a 29 month period 4,370 women, 1,400 from the STD clinic and 2,970 from the Family Planning Clinics, will be interviewed. This should provide about 935 STD cases, 577 cases of bacterial vaginosis without an STD, and 2,858 women with no infections. Douching practices among women with and without a reproductive tract infections will be compared. Logistic regression analysis will be used to assess the following: 1) whether douching is associated with increased risks of STDs or bacterial vaginosis; 2) whether douching is associated with vaginal pH; 3) whether there is a dose-response relationship regarding frequency of douching; and 4) whether the risk differs according to preparation used. We believe the similarities in socioeconomic status of women attending the clinics will be substantial making douching practices potentially one of the most distinguishing characteristics of women with and without an infection. Furthermore, the findings will be readily generalizable to a population that historically and currently has some of the highest STD rates in the nation.

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- **Project Title: EARLY TEEN PREGNANCY PREVENTION--A PARENT/CHILD PROGRAM**

Principal Investigator & Institution: Lederman, Regina P.; Professor; None; University of Texas Medical Br Galveston 301 University Blvd Galveston, TX 77555

Timing: Fiscal Year 2000; Project Start 01-SEP-1997; Project End 31-JUL-2004

Summary: The proposed project has a two-fold purpose: 1) to conduct an annual school-wide survey for three successive years to determine the antecedents (beliefs, intentions, school performance, home environment) of sexual behavior (initiation of sex, frequency of sex, number of partners, unprotected sex) and risk avoidant behaviors in middle school youth; and 2) to implement a new joint parent-teen education program for the prevention of sexual risk behaviors and pregnancy. The sample for survey testing will be recruited from youth in grades 6, 7, and 8 in three middle schools. Each school enrolls 700-725 students (N=2100- 2175), and has a high proportion of minority and economically disadvantaged youth. School approved motivational measures are used to obtain a representative survey sample of 70-90 percent student participation (N=1470-1970). In the first year, data from two survey pretests will be collected prior to the intervention to control for self- selection bias, to determine growth rate changes prior to the intervention, and to modify and tailor the planned curriculum to meet the needs of the study population. The educational program designed for parent-teen dyads focuses on strengthening family communication about sexual issues and behaviors. Content is included on reproduction, **sexually transmitted diseases** (STDs)/AIDS, contraception, sex risks and safe sex behaviors. The course utilizes social learning and cognitive behavioral concepts. Role- play and practice exercises are provided to enhance the learning of decision-making and refusal and resistance skills. Four 2 hour sessions are offered over a four-week period: two each are for parents and teens separately and two are combined. Subjects are recruited through school distribution of information flyers and consent forms, home mailings, parent-teacher meetings, neighborhood housing distribution to families, and neighborhood resident meetings. Using recruitment and incentive measures, it is estimated that 50 parent-child dyads can be obtained per school, for a total of 150: 75 experimental group pairs and 75 control group pairs. A randomized treatment/control group design will be used to assign 25 parent-teen dyads each to the experimental education and the attention-control groups in all three schools. Booster classes will be offered every six months at times prior to known teen peak conception periods. Pre and post-tests have been developed to determine between-group differences and within-group changes at course completion, and at 6, 12, and 20 months. The pre/post-test questionnaires assess group differences and changes in parent involvement and communication; sexual knowledge, attitudes, intentions, and behaviors; and the incidence of pregnancy.

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- **Project Title: ECONOMIC ANALYSIS OF THE FAST TRACK INTERVENTION**

Principal Investigator & Institution: Foster, Edward Michael.; Associate Professor; Health Policy & Administration; Pennsylvania State University-Univ Park 201 Old Main University Park, PA 16802

Timing: Fiscal Year 2002; Project Start 01-SEP-2002; Project End 31-MAY-2007

Summary: (provided by applicant): In response to the relative dearth of economic analyses of prevention programs, the proposed project will provide a cost-of-illness or social cost study of the Fast Track (FT) intervention. FT is an ongoing multi-site randomized trial designed to prevent the onset of serious conduct disorder and its concomitants in adolescence. The potential benefits include reductions in substance abuse and other behaviors that are costly to the participants, their families and society. The intervention is the focus of an ongoing evaluation being conducted at four sites- Nashville, Tennessee; rural Pennsylvania; Seattle, Washington; and Durham, North Carolina. The evaluation focuses on the experiences of 891 high-risk children living in high-poverty areas. These children were randomly assigned to intervention or control

groups and are being followed over time. The ongoing ten-year evaluation involves information collected from the child's teacher, parents, tutors, mentors, peers, and the child him- or herself. Evidence to date suggests that Fast Track produces real benefits for its participants. After the first seven years, the intervention promotes academic and social-cognitive skills and reduces conduct problem behaviors and special education placements. The proposed project will last five years. because the participants in FT are currently completing grades 8, 9, or 10, the next five years are the optimal time to conduct an economic analysis. The proposed project has four specific aims: (1) identify the impact of Fast Track on the costs of illness for the high-risk children participating in the study that have occurred or will occur through the first 14 years of the study; (2) calculate cost-effectiveness ratios for key outcomes, including measures of mental health status, delinquency, teenage pregnancy, drug and alcohol use, and **sexually transmitted diseases** as well as a measure of quality of life and of the impact on care givers' well-being; (3) project the future costs of illness for study participants (when the participants are age 20 or older); (4) identify subgroups of participants for whom the benefits of the intervention are especially large or small. The requested funds would be used to support the following activities: (1) analyses of the relevant outcomes from the evaluation data (such as drug use and use of mental health services); (2) continued reviews of agency and provider records; (3) collection and analysis of budgetary information (e.g., from school districts) required to estimate the dollar costs of the services involved (e.g., special education); (4) collection and processing of administrative data (e.g., on welfare receipt); (5) development and estimation of statistical models used to predict future social costs.

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- **Project Title: EPIDEMIOLOGY**

Principal Investigator & Institution: Zheng, Xiwen; Natl Ctr for Aids Prevention and Control Prevention and Control (Ncaids) Beijing,

Timing: Fiscal Year 2002; Project Start 01-DEC-2001; Project End 30-NOV-2006

Summary: The purpose of the Epidemiology Project (Project 1) is to establish HIV incidence and risk factors for HIV infection in three regions of China in order to establish a foundation for conducting clinical trials of HIV prevention and therapeutic interventions. The three specific aims of Project 1 are: Aim 1: To estimate the prevalence and incidence of HIV-1 infection and selected **sexually transmitted diseases** over time in: a) former plasma donors (FPDs), their stable sexual partners, and their children in rural areas of Shanxi province; b) injection drug users (IDUs) and their stable sexual partners in rural areas of Yunnan Province; and c) female sex workers (FSWs) in Kunming, Yunnan Province; Aim 2: To determine risk factors for HIV infection in the above population, and to recruit participants from these populations for participation in cohort studies in preparation for vaccine, behavioral and therapeutic intervention studies; and Aim 3: TO estimate the prevalence and incidence of HIV-1 infection, HHV8 infection and co-infection with HIV-1 and HHV8 in high risk minority population in Xinjiang Province, and to determine factors that are independently associated with co-infection with HIV-1 and HHV8. Strategies for recruitment and retention of study subjects will vary by study populations. About 1680 FPDs and 900 spouses will be recruited from 12 villages in Shanxi. About 600 HIV-FPDs or HIV-spouses will be followed in year 3 and 5. About 960 IDUs and 400 spouses will be recruited from 48 villages in Yunnan. About 504 HIV-IDUs and some 250 HIV-spouse will be followed at 6, 12, 18, 24 and 30 months after baseline. About 1000 FSWs will be recruited in hotels, entertainment establishments, and in the streets of Kunming City, Yunnan. FSWs will e

followed for 2 years with 3 months interval contract and 6-month interval for assessment. About 250 subjects each will be recruited from Kelkez, Kazak, Ughur and Han ethnic groups and followed annually in Urumi, Xinjiang. Four biologic indicators (HIV, **gonorrhea**, chlamydia, and syphilis) will be used cross all 4 study populations. HHV8 will be additionally used in study of minorities in Xinjiang. Our FPD and IDU studies will provide a subject of subjects (HIV positive) for the behavioral intervention study planned in Project 2. In collaboration with Project 4, we will seek to provide clinical care for HIV infected persons identified over the course of recruitment. We will provide clinical specimens for key research initiatives described in Projects 3 and 4. Planning for field trials or candidate HIV vaccines will link Projects 1 and 5.

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- **Project Title: EPIDEMIOLOGY OF HIV1 AMONG OPIATE USERS IN N THAILAND**

Principal Investigator & Institution: Celentano, David D.; Professor; Epidemiology; Johns Hopkins University 3400 N Charles St Baltimore, MD 21218

Timing: Fiscal Year 2001; Project Start 01-JUN-1998; Project End 31-MAY-2003

Summary: (Applicant's Abstract) This study is designed to elucidate the epidemiologic risk factors for prevalent and incident HIV-1 infections among opiate users in northern Thailand, and to determine whether methadone maintenance is associated with reduced relapse to narcotics use as compared to methadone-assisted detoxification on an outpatient basis. These studies will be accomplished by interviewing and screening all first admissions to the Northern Drug Dependence Treatment Center in Mae Rim (Chiang Mai Province), Thailand, a facility operated by the Department of Medical Services, Ministry of Public Health. Approximately 1,750 first admissions are seen per year, and will comprise the prevalence study. Currently, about 25% of injectors are HIV infected on admission and 8% of opium smokers have antibody to HIV. A prospective cohort study will be conducted among persons seeking readmission to the NDDTC over a two year period, as well as opiate users who relapse following treatment and are seen in an outpatient opiate detoxification program or who reside in village settings within 100 km of the NDDTC. A total of 800 relapsed opiate users will be followed for two years to study endpoints, and we will determine the incidence of HIV infection. We will also conduct a randomized controlled trial of outpatient methadone maintenance vs. methadone assisted detoxification among 480 opiate users seeking treatment for drug abuse, with the primary study endpoint being relapse to opiate use; secondary outcomes include incident **sexually transmitted diseases** and drug use-related HIV risk behaviors; HIV incidence will be measured as well. These data on the epidemiology of HIV infection among drug users have relevance for other southeast Asian countries experiencing a dramatic HIV epidemic, in which opiate use plays an important role directly through sharing of injection equipment, and as a bridge to the general heterosexual population through unprotected sexual behavior.

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- **Project Title: FAMILY & MENTAL HEALTH IN HIV RISK--ADOLESCENT FOLLOWUP**

Principal Investigator & Institution: Paikoff, Roberta L.; Associate Professor; Psychiatry; University of Illinois at Chicago 1737 West Polk Street Chicago, IL 60612

Timing: Fiscal Year 2001; Project Start 01-SEP-1993; Project End 31-JAN-2003

Summary: (Applicant's Abstract): This competing continuation application requests funds to extend a longitudinal project examining the role of family and mental health factors in HIV risk exposure during the transition to adolescence to mid-late adolescence -- the time when most youth are likely to be involved in sexual and other risk behaviors (e.g., IV drug use) that can lead to exposure to HIV, other **sexually transmitted diseases**, early pregnancy or fatherhood, and other negative health consequences. A sample of 315 urban African-American families living in high rise housing neighborhoods in Chicago were first contacted when their children were pre-adolescent (10-12 years of age) and followed through early adolescence (12-14 years of age). Continued funding is requested to follow the sample to mid-late adolescence (16-18 years of age), in order to better understand the influence of pre and early adolescent experiences upon HIV risk exposure in later adolescence. At the initial two data waves, extensive videotape interaction and interview data were collected on individual (mental health, cognitive level, pubertal development), familial support, supervision/monitoring, control/decision-making, conflict, affect, problem solving, and communication) and friendship (support, values) factors, as well as upon HIV/AIDS knowledge and attitudes, and HIV risk behavior. The proposed follow-up wave would focus on these same factors, adapting as needed to new developmental levels. For example, in addition to videotaping the family, same sex friends would be requested to be involved in data collection, as such relationships may be powerful in communication of risk and behavioral decision making. In addition to assessment of friendship relationships, qualities of romantic relationships (with the possibility of both same and other sex relationships) will be assessed. An extensive strategy for recruitment and tracking and for adapting of assessments is proposed; included in this strategy is development of a youth collaborative board to advise on these issues. Results will be used to further develop existing programs aimed at primary and secondary prevention of HIV risk exposure for urban African-American youth and families, as well as to explore new possibilities for the incorporation of friendship and romantic partner relationships into these programs.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: FEMALE DELINQUENCY--TREATMENT PROCESSES AND OUTCOMES**

Principal Investigator & Institution: Chamberlain, Patricia; Executive Director; Oregon Social Learning Center, Inc. 160 E 4Th Ave Eugene, OR 97401

Timing: Fiscal Year 2001; Project Start 01-FEB-1997; Project End 31-JAN-2003

Summary: One hundred thirty adolescent females (ages 12- 16) referred from the juvenile justice system will be randomly assigned to one of two treatment conditions: Treatment Foster Care (TFC) or Group Care (GC). All participating girls will have been screened and recommended for placement in out-of-home care. In TFC one girl is placed in a family home where the foster parents have been recruited and trained, and are supervised to provide a set of treatment components that are hypothesized to be related to specific short- and long-term outcomes. In GC, girls are placed with from 6 to 13 peers who are experiencing similar problems with delinquency. The purpose of the study is twofold: to systematically evaluate the short-and long-term outcomes of subjects participating in the experimental intervention (TFC) relative to those in the control condition, and to evaluate the contribution of the treatment components to immediate and longer-term outcomes. At the group level, we expect that girls in TFC relative to those in GC will, in the short run, experience less association with antisocial peers; fewer negative departures from treatment, more contact with prosocial peers,

better school adjustment and performance, and fewer high-risk sexual contacts. Long-term, we expect girls in TFC relative to those in GC to have less delinquency and drug use, better relationships with non-antisocial romantic partners, higher rates of school completions, better occupational functioning, and fewer early pregnancies and **sexually transmitted diseases**. At the individual level, we hypothesize that to the extent that girls receive key treatment components (i.e., close supervision, consistent discipline, negotiation/anger expression skills, monitoring and help with school work, education on avoiding high-risk sexual contacts) they will have better short- and long-term outcomes regardless of placement, condition. Further, we expect that to the extent that the girl's post-treatment living situation supports these components, she will do well in follow-up. Multimethod/multiagent measures will be used to form indicators of constructs of treatment components and outcomes. MANOVAs will be used to test for group-level effects and multiple regressions analyses will be used to examine the contribution of treatment components and characteristics of living situation to individual-level outcomes.

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- **Project Title: GONOCOCCI: GENETICS OF RESISTANCE TO PMN PROTEINS**

Principal Investigator & Institution: Shafer, William M.; Professor; Microbiology and Immunology; Emory University 1784 North Decatur Road Atlanta, GA 30322

Timing: Fiscal Year 2001; Project Start 01-APR-1984; Project End 31-MAR-2005

Summary: (Adapted from the application abstract) *Neisseria gonorrhoeae* is an obligate human pathogen and has the capacity to infect and cause disease at numerous sites. However, this capacity requires that gonococci resist antibacterial substances that naturally bathe mucosal surfaces or become available due to inflammation. The emphasis of this project is to understand the mechanism(s) used by gonococci to resist antibiotic-like substances that bathe certain mucosal sites. The *mtr* (multiple transferable resistance) and *far* (fatty acid resistance) loci contain operons that encode efflux pump proteins that export structurally diverse antibacterial hydrophobic agents (HAs), including bile salts, fatty acids, lysosomal proteins and antibiotics. The *MtrCDE* and *FarAB* proteins belong to families of bacterial proteins that form efflux pumps that remove structurally diverse antimicrobial agents from either the periplasm or cytoplasm. Expression of these efflux pump operons are subject to both negative and positive transcriptional control systems. For instance, the *MtrR* protein down-regulates expression of the *mtrCDE* operon through its capacity to bind to the *mtrCDE* promoter and this results in enhanced susceptibility of gonococci to certain HAs. Conversely, expression of the *farAB* operon, which encodes an efflux pump that exports long-chained fatty acids with potent antigonococcal activity, seems to be dependent on *MtrR*. Through the use of modern techniques in microbial genetics, molecular biology and biochemistry, we will determine the mechanisms by which *MtrR* exerts transcriptional control over these efflux pump operons and other gonococcal genes (Specific Aims 1 and 3). Expression of the *mtrCDE* operon can also be induced during exposure of gonococci to sub-lethal levels of HAs. This induction process requires a transcriptional activator, *MtrA*, that belongs to the *AraC/XylS* family of DNA-binding proteins. The mechanisms by which *MtrA* exerts its control over gonococcal gene expression will be determined (Specific Aim 2). Dr. Shafer's group has recently identified a novel protein (*MtrF*) that seems to act as a component of the *mtrCDE*-encoded efflux pump. *MtrF* counterparts exist in several other bacteria but their function has yet to be determined. Given its apparent wide-spread distribution, they will determine its role in efflux pump activity (Specific Aim 4). The results from these studies will advance our knowledge regarding

how gonococci and other pathogens resist antimicrobial agents at mucosal surfaces, antibiotics used in therapy of bacterial diseases, and topical microbicides that have been proposed for use to prevent **sexually transmitted diseases**.

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- **Project Title: HCV TRANSMISSION: SEX, VIOLENCE ALCOHOL & DRUG USE**

Principal Investigator & Institution: Russell, Marcia T.; Senior Research Scientist; Pacific Institute for Res and Evaluation Calverton, MD 207053102

Timing: Fiscal Year 2001; Project Start 20-AUG-1999; Project End 31-JUL-2003

Summary: (adapted from the application) Disproportionate numbers of alcohol and drug users are infected with Hepatitis C virus (HCV). Although the majority of new cases appear to result from sharing contaminated drug paraphernalia, approximately 20% are attributed to sexual contact with an infected person. However, the HCV infectivity of semen and saliva is controversial. Based on evidence that alcohol and drug use are associated with high-risk sexual behavior (e.g., multiple sexual partners, a history of **sexually transmitted diseases**, and anal sex), violent behavior, and accidental injuries, we postulate that: 1) heavy drinking and other drug use increase HCV transmission via blood-to-blood contact in the context of sexual and other intimate interactions by promoting exposure to menstrual blood and bleeding caused by minor and major trauma and 2) heavy alcohol consumption may promote HCV transmission by depressing the immune system, increasing serum HCV RNA levels. We propose to assess lifetime and current drinking patterns, other drug use, and alcohol/drug-related behavior associated with possible blood-to-blood contact in the context of sexual, intimate situations in 16 STD clinic clients, 400 positive for anti-HCV and 1200 negative. Serum levels of HCV RNA will be assessed in anti-HCV+ clients by polymerase chain reaction. The relations between-alcohol/drug use and HCV status and the potential mediating effects of blood-to-blood contact related to high-risk sexual behavior, sexual victimization, domestic and other violence, accidental injuries, and unsafe drug use will be investigated us hierarchical regression analytic techniques; interaction terms will be used to investigate gender and racial differences in these relations. Cluster analysis will be employed to identify behavioral typologies associated with HCV status. Finally, the influence of lifetime and current drinking patterns on serum HCV RNA levels will be investigated, taking into account the effects of diet, smoking, and concomitant infections.

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- **Project Title: HELPING FAMILIES REDUCE HIV IN AFRICAN AMERICAN YOUTH**

Principal Investigator & Institution: Icard, Larry D.; Dean; None; University of Pennsylvania 3451 Walnut Street Philadelphia, PA 19104

Timing: Fiscal Year 2001; Project Start 30-SEP-2000; Project End 31-AUG-2005

Summary: (adapted from the applicant's abstract): This study responds to the need to develop and test theoretically grounded interventions to prevent HIV and other **sexually transmitted diseases** among children and youth by increasing condom use and by delaying initiation of sexual behavior, as well as by decreasing other HIV/STD risk-related behaviors. The disproportionate and increasing number of African Americans infected with HIV raises concerns among AIDS prevention specialists over how to respond to this population. African American youth and teens from lower income families with less educated parents are particularly at high risk for exposure. Distinctive

cultural, social, psychological, and developmental differences influencing their high risk behaviors present a challenge for designing interventions to reduce the spread of AIDS and other STDs among African American youth. Building on the investigators' past and ongoing research, this study proposes to test a family-based intervention designed to prevent or reduce AIDS/STD risk behaviors among urban African American early adolescents (ages 11-13) from lower income families with less well educated parents. The intervention is designed to be culturally sensitive and delivered to small groups of parents in order to encourage normative support for risk reduction. The study will employ a randomized 2 X 2 factorial design with repeated measures. The factors include treatment type (information plus AIDS risk reduction skills strategies combined with personal empowerment (perceptions of self as capable and competent), communication and family management skills vs. an AIDS information and health promotion (i.e., health, nutrition, exercise, self-esteem) intervention) and group-leader type (parent led vs. professional led). In addition to assessing risk reduction behavior outcomes, variables hypothesized to mediate the intervention's effects will also be assessed. Assessments will occur at pretest prior to intervention, 2 weeks post intervention (post-test), and at 6- and 12- month follow-ups to assess maintenance of treatment affects.

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- **Project Title: HERPES & STIGMA**

Principal Investigator & Institution: Fischhoff, Baruch; Social and Decision Sciences; Carnegie-Mellon University 5000 Forbes Ave Pittsburgh, PA 15213

Timing: Fiscal Year 2001; Project Start 30-SEP-1999; Project End 31-AUG-2003

Summary: This **Sexually Transmitted Diseases** Cooperative Research Center will emphasize prevention of selected STDs and the consequences of STDs. In particular we are stressing STDs which have significant adverse impact on the health of women. With this approach we will identify ways in which the burden of complications associated with STDs that disproportionately result in adverse affects on the reproductive health of women can be reduced. To achieve this goal we will be taking several approaches. Two intervention studies, an indirect and direct approach, will be undertaken to prevent acquisition of bacterial vaginosis (BV), chlamydia and herpes and thereby the complications associated with these STDs. In a biologic intervention approach use of a Lactobacillus capsule will be assessed in a double blinded placebo-controlled trial to prevent infection with BV, C. trachomatis, and other genital infections. By studying the stigma associated with herpes and developing an intervention designed to produce more rational herpes-related decision making we are attempting to prevent acquisition of HSV. Determining the antimicrobial protective function of secretory leukocyte protease inhibitor (SLPI) will add to our understanding of the biologic interaction between T. vaginalis and HIV and other STDs; it also may lead to innovative vaginal microbicidal strategies. Determining the molecular mechanisms of gonococcal iron acquisition and the expression and Immunogenicity of iron acquisition will provide information relevant to developing gonococcal vaccines based on the human transferrin-binding protein complex and pathogen-targeted antimicrobial interventions targeting the iron-acquisition mechanism of N. gonorrhoeae. Studies to measure expression of the HPV genes E1, E2, E7 and E7 will expand our knowledge of HPV progression, thus allowing development of strategies to prevent cervical cancer. Determining the role of BV in spontaneous abortion will allow establishment of interventions to decrease the fetal loss associated with second trimester spontaneous abortion. This STD CRC proposal integrates clinical, epidemiological, behavioral and fundamental research into a collaborative effort by investigators from Ob/Gyn, Medicine, Infectious Diseases,

Microbiology, Molecular Biology, Immunology, Behavioral Sciences and Epidemiology that addresses the disproportionate burden of the STD epidemic that affects women.

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- **Project Title: HERPESVIRUS PROTEIN SYNTHESIS AND VIRION ASSEMBLY**

Principal Investigator & Institution: Gibson, Wade; Professor; Pharmacol & Molecular Sciences; Johns Hopkins University 3400 N Charles St Baltimore, MD 21218

Timing: Fiscal Year 2001; Project Start 01-SEP-1977; Project End 31-MAY-2006

Summary: (provided by applicant): The long-term goal of this research is to learn more about the structure and function of herpesvirus proteins, and translate that information to new diagnostic, preventive, and therapeutic strategies for dealing with CMV-related diseases of man. We use cytomegalovirus (CMV) as our model system because of its medical relevance to immunosuppression resulting from AIDS, organ transplantation, and cancer chemotherapy, and to **sexually transmitted diseases** and birth defects. Additionally, there is a need to determine the molecular similarities and differences between herpes group viruses in order to understand their biological differences. Our more immediate objectives are to study the synthesis, structure, and function of specific viral proteins that are essential for virus replication, with a concentration on those involved in virus assembly. Our rationale for studying virus structure and assembly is that most aspects of virus replication are directly or indirectly coupled to the assembly process; therefore, it ultimately represents a major and largely untapped source of new targets for antivirals. The specific aims of the work proposed here are to uncover processes that modulate the very early and intermediate stages of CMV assembly. We will continue our studies of how the proteins of the capsid interact and why, and what modifications they undergo and how these govern the process of capsid formation and maturation. Our plans also include studying three of the tegument proteins that appear to be most closely associated with the capsid and which may anchor other tegument or envelope proteins to the capsid, or perhaps help the capsid negotiate the nuclear membrane as it exits or target it after entry. We will apply a combination of biochemical, cryo-EM/imaging, and genetic experiments to bear on these questions, including (i) use of a recently developed in vitro binding system to study capsid/tegument interactions, and (ii) use of the HCMV-bacterial artificial chromosome system to produce mutant viruses.

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- **Project Title: HIV RISK IN OLDER ABUSED WOMEN RECEIVING EMERGENCY CARE**

Principal Investigator & Institution: Sormanti, Mary; None; Columbia Univ New York Morningside 1210 Amsterdam Ave, Mc 2205 New York, NY 10027

Timing: Fiscal Year 2001; Project Start 02-APR-2001; Project End 31-MAR-2003

Summary: Rates of **sexually transmitted diseases** (STDs) including HIV among women attending Emergency Departments (EDs) are higher than in populations of women seeking non-emergency treatment. Additionally, studies estimate that between 5% to 35% off all women who receive treatment in Eds are there because of an injury or problem resulting from intimate partner violence (IPV). Although Eds are often the principal source of medical care for low income women at high risk of STDs and IPV, the health care system has been slow to develop treatment approaches that attend to the co-occurrence of HIV and partner violence particularly among women older than 50. In order to develop interventions that will be effective in controlling the spread of HIV in

this population qualitative research into the context of risk behaviors must take IPV into consideration. The proposed study will utilize focus groups and in-depth interviews to: (a) elicit cultural meanings, values, and beliefs related to IPV and HIV risk behaviors among older (i.e. ages 50-60) women seeking ED services, (b) explore how IPV and fear of this violence may be related to older women's abilities to negotiate safer sex practices with their primary partners, and (c) investigate the types of formal and informal support services sought and utilized by older abused women to cope with HIV risk and partner violence. In the first six months of Year 1, 36 women between the ages of 50-64 attending an ED who have recently experienced IPV will participate in focus groups. An additional 45 abused women of the same age cohort will participate in narrative interviews. Participants will be recruited from New York Methodist Hospital Emergency Department. Investigators from Social Intervention Group (SIG) at Columbia University School of Social Work will lead the study in consultation with New York Methodist Hospital. Findings will increase understanding of the contextual factors that may explain the relationships between IPV and HIV risk behaviors in older women. Consequently findings will inform assessment, referral, and treatment protocols used by ED staff to meet the diverse needs of women ages 50-64 who are at risk for partner violence and HIV and will inform the design of HIV prevention interventions for this cohort of women.

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- **Project Title: HIV RISK REDUCTION FOR BLACK DRUG USING WOMEN**

Principal Investigator & Institution: Jemmott, Loretta S.; None; University of Pennsylvania 3451 Walnut Street Philadelphia, PA 19104

Timing: Fiscal Year 2001; Project Start 25-SEP-2001; Project End 31-AUG-2006

Summary: The broad objective of this proposal is to identify effective culturally sensitive interventions to reduce the risk of **sexually transmitted diseases** (STDs), including HIV, among inner-city African American women who abuse substances. We will randomly assign 869 African American substance abusing women from an inpatient detoxification program serving a low-income community in Philadelphia, PA to one of two conditions: (a) a 2-session skill-building HIV risk-reduction intervention or (b) a 2-session general health promotion intervention concerning health issues unrelated to sexual behavior, which will serve as the control group. The women will also receive booster interventions at the 3- and 6-month follow-up sessions. The interventions will include films, role-playing, and interactive activities led by a specially trained facilitator. The approach draws on Bandura's social cognitive theory, Fishbein and Ajzen's theory of reasoned action, its extension, the theory of planned behavior; focus groups with substance abusing African American women; and the applicant's previous HIV risk-reduction research with inner-city African American populations, including substance abusing women. The primary outcome measures are self-reported frequency of sexual intercourse, unprotected sexual intercourse, and condom use. Secondary outcome measures include STDs, condom coupon redemption, and theoretically relevant variables hypothesized to mediate intervention effects, including intentions, beliefs, and self-efficacy. We will use audio computer-assisted self-interviewing (audio-CASI) to collect data before, immediately postintervention, and at 3-, 6-, 12-, and 18-month follow-up. We will perform ligase chain reaction tests to detect STDs in urine specimens collected at baseline and 6-, 12-, and 18-month follow-up. To address the Specific Aims, we will analyze the data with generalized estimating equations (GEE). We will test (a) the effects of the interventions on unprotected sexual intercourse, condom coupon redemption, STD incidence, and mediators of sexual behavior and (b) whether

intervention effects are systematically different depending on key moderator variables, including participants' history of substance abuse, history of drug treatment, HIV serostatus, sexual abuse history, relationship status, and depression. The results of this project will contribute to the development of efficient and effective HIV prevention programs for inner-city African American women who abuse substances.

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- **Project Title: HIV SEXUAL RISK-REDUCTION FOR AFRICAN-AMERICAN COUPLES**

Principal Investigator & Institution: Wingood, Gina M.; Associate Professor; Behavioral Scis & Hlth Educ; Emory University 1784 North Decatur Road Atlanta, GA 30322

Timing: Fiscal Year 2002; Project Start 01-APR-2002; Project End 31-JAN-2007

Summary: The broad objective of this Interactive proposal is to test the efficacy of a contextually appropriate intervention to reduce the risk of **sexually transmitted diseases** among African American HIV serodiscordant heterosexual couple. This is a collaborative effort by four PIs (El-Bassel in New York, Jemmott in Philadelphia, Wingood in Atlanta, and Wyatt in Los Angeles) to use a common protocol to implement a randomized controlled trial. While most HIV/STD risk-reduction interventions are conducted at the individual level, a couple-based approach may be more efficacious and consistent with cultural values. The participants will be 800 African American HIV serodiscordant (200 per site) recruited from community-based organizations (CBOs), health departments, and HIV clinics. The couples will be randomized to one of two interventions: an 89-session HIV/STD sexual risk-reduction intervention (the Eban Program) or an 8-session general health promotion intervention concerning health issues unrelated to sexual behavior, which will serve as the control group. Both interventions will involve couple and group sessions led by specially trained male and female co-facilitators. The approach draws upon the social cognitive theory, an ecological framework, and the applicants' previous HIV/STD risk-reduction research with inner-city African-American populations. The primary biological outcome is **sexually transmitted disease** (chlamydia, **gonorrhea**, and trichomoniasis) based on DNA amplification tests on urine and vaginal specimens. The primary behavioral outcome is the self-reported rate of condom-protected sexual intercourse. Secondary outcome measures include theoretically relevant variables hypothesized to mediate intervention effects. Audio computer-assisted self-interviewing (ACASI) will be used to collect data at baseline, immediately post-intervention, and 6- and 12-month follow-up. To address the Specific Aims, we will analyze the data with generalized estimating equations (GEE). For instance, analyze will test (a) the effects of the intervention on STD incidence, sexual behavior, and mediators of sexual behavior, including gender of seropositive partner, length of relationship, psychological distress, sexual abuse history, and substance abuse history. The findings will contribute significantly to the field of HIV/STD risk reduction by developing and testing an intervention with African American couples that can be offered to HIV clinics and CBOs.

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- **Project Title: HIV VACCINE TRIAL SITE DEVELOPMENT FOR ZAMBIA**

Principal Investigator & Institution: Musonda, Rosemary M.; Zambia Tropical Diseases Res Ctr Ndola Central Hospital, 6Th & 7Th Floor Ndola,

Timing: Fiscal Year 2002; Project Start 30-SEP-2002; Project End 31-AUG-2004

Summary: The overall goal of this grant will be to organize and establish a multidisciplinary HIV prevention research program in HIV/AIDS at the Tropical Diseases Research Centre (TDRC) in Ndola, Zambia. This R03 grant will be focused on HIV vaccine trial site development in Ndola, a large metropolitan area and the provincial headquarters of the Copperbelt province of Zambia, where currently there is no ongoing vaccine preparedness work. The specific aims of this R03 grant will be as follows. Aim 1. Define cohorts of 15-45 year old subjects for eventual enrollment in HIV vaccine trials. Within this effort will include assessment of the current prevalence rate of HIV infection and **sexually transmitted diseases** in the cohorts, risk behavior, and design of an educational program for cohort participants for HIV prevention strategies. Aim 2. Train Zambian personnel for administration, design and monitoring of clinical trials. Zambian staff will come to Duke University to take a 6-week course in biostatistics and clinical trial design. Aim 3. Characterize the HIV primary isolate strains in Ndola Zambia, by cloning and sequencing up to 50 Zambian HIV isolates. This aim cannot be totally funded by the CIPRA R03, but the infrastructure to begin to acquire the primary isolates can be funded, and isolates begun to be acquired for preliminary data for subsequent preparation of a CIPRA U01 grant and to speed HIV vaccine development. Over the next two years, we will prepare for submission of a U01 CIPRA grant with Isaac Zulu, Moses Sinkala and Francis Kasolo in Lusaka, Zambia. Together, with the Lusaka team, we envision a strong application from Zambia in two years for a comprehensive HIV prevention and treatment program in Zambia.

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- **Project Title: HIV/AIDS PREVENTION AMONG ANGOLAN MILITARY RECRUITS**

Principal Investigator & Institution: Bing, Eric G.; Director, Collaborative Alcohol; None; Charles R. Drew University of Med & Sci 1621 E 120Th St Los Angeles, CA 90059

Timing: Fiscal Year 2001; Project Start 30-SEP-2001; Project End 31-AUG-2006

Summary: (Provided by applicant): HIV/AIDS has had a devastating impact on sub-Saharan Africa. With just 8 percent of the world's population, sub-Saharan Africa accounts for 70 percent of all the world's 36.1 million HIV/AIDS cases. Despite the high HIV prevalence rates of as much as 35 percent in neighboring countries, the reported HIV prevalence rate for Angola is reported to be only 3 percent. This relatively low rate may be due to the on-going civil war that has restricted population mobility. Therefore, there is at present a window of opportunity to save Angola from the devastation that AIDS has wrought on other areas of the sub-continent. Our international team of Angolan and American researchers proposes to test the effectiveness of a multi-session HIV/STD prevention intervention on reducing high-risk sexual behaviors and the incidence of **sexually transmitted diseases** among Angolan military recruits. Our 3 specific aims are: (1) To test the effectiveness of a cognitive-behaviorally focused intervention designed to reduce high-risk sexual behaviors and the incidence of STDs (such as HIV, chlamydia, **gonorrhea**, and syphilis) immediately following and at 3 and 6 months post-intervention; (2) To determine the degree to which the individual components of the intervention (information about HIV/STDs, motivation to reduce risk of infection, and skills at condom use) produce a reduction in high-risk sexual behaviors and the incidence of STDs; and, (3) To determine if predisposing factors such as sociodemographic and personal characteristics, psychiatric symptoms and disorders, alcohol use and history of STDs moderate the effect of the intervention on sexual risk taking and STD incidence. We will conduct the intervention in the Cabinda Province of Angola. Though Cabinda is the smallest Angolan province, 45 percent of all the

country's AIDS cases have been reported there. To better understand the context of HIV prevention for the Angolan military, in Phase 1 we will conduct 5 focus groups with new recruits (2 groups), experienced soldiers, military sergeants, and HIV-positive soldiers. We will use the information gained in the focus groups to modify the content of the instruments to be used in a survey and the proposed intervention. In Phase 2, we will pilot test the survey instrument with 100 soldiers as well as the intervention. The proposed intervention, *Salva Vida* (Save Life), will consist of 4 sessions (1 session each week) and 1 booster session 6 weeks after the final session. In Phase 3, we will test the intervention with a total of 400 military men, with 200 being assigned to the intervention and 200 to the control condition, which will have a general health promotion focus. If this intervention is effective among military recruits in Angola, it may have applicability to many developing nations throughout the world battling HIV with scarce resources and little hope of treatment.

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- **Project Title: HIV/AIDS WEB-BASED TRAINING FOR HEALTH CARE PROVIDERS**

Principal Investigator & Institution: Strombeck, Rita D.; President; Healthcare Education Associates 1729 E Palm Canyon, Ste a Palm Springs, CA 92264

Timing: Fiscal Year 2001; Project Start 01-JUL-2001; Project End 31-JAN-2002

Summary: (provided by applicant): HealthCare Education Associates proposes to develop and evaluate a state of the science, Web-based education program that provides primary health care providers with the knowledge and skills to effectively respond to the AIDS epidemic among adults aged 50 and over in terms of primary prevention (risk reduction) and secondary prevention (prompt identification and treatment). The education program will target physicians, physicians' assistants, nurses, as well as medical and nursing students and will be accredited for 3 hours of continuing medical and nursing education. The objectives of the program are to increase providers: 1) awareness of the epidemiology of HIV/AIDS and other **sexually transmitted diseases** (STDs) among adults aged 50 and over; 2) ability to conduct an age-sensitive risk assessment among older patients; 3) ability to discuss risk reduction strategies with at-risk older patients; 4) knowledge and recognition of the clinical manifestations of HIV in older adults; 5) ability to conduct pre- and post-test counseling for older adults; and 6) treatment capabilities of older adults who are HIV positive. During Phase I, a written curriculum will be developed and one module of the curriculum will be converted to a Web-based format. Members of the target audience at four sites will review these. During Phase II, the entire written curriculum will be converted to a Web-based format and evaluated at four sites to determine its effectiveness in achieving objectives. The program is a technologically innovative way to reach a wide spectrum of current and future health care providers. No program such as the one proposed is currently available. PROPOSED COMMERCIAL APPLICATION: This is the first commercially available education package for primary health care providers that addresses the specific HIV/AIDS prevention needs of adults aged 50 and over. The market for the proposed educational product is large and includes over 4,000 hospitals (including 5,000 medical residency programs), 125 medical schools, 2,000 schools of nursing, and over 400,000 primary care providers.

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- **Project Title: HIV/STD RISK REDUCTION AMONG AFRICAN AMERICAN COUPLES**

Principal Investigator & Institution: Wyatt, Gail E.; Associate Professor; Psychiatry; University of California Los Angeles 10920 Wilshire Blvd., Suite 1200 Los Angeles, CA 90024

Timing: Fiscal Year 2002; Project Start 01-APR-2002; Project End 31-JAN-2007

Summary: The broad objective of this Interactive proposal is to test the efficacy of a contextually appropriate intervention to reduce the risk of **sexually transmitted diseases** among African American HIV serodiscordant heterosexual couples. This is a collaborative effort by four PIs (El-Bassel in New York, Jemmott in Philadelphia, Wingood in Atlanta, and Wyatt in Los Angeles) to use a common protocol to implement a randomized controlled trial. While most HIV/STD risk-reduction interventions are conducted at the individual level, a couple-based approach may be more efficacious and consistent with cultural values. The participants will be 800 African American HIV serodiscordant couples (200 per site) recruited from community-based organizations (CBOs), health departments, and HIV clinics. The couples will be randomized to one or two interventions: an 8-session HIV/STD sexual risk-reduction intervention (the Eban Program) or an 8-session general health promotion intervention concerning health issues unrelated to sexual behavior, which will serve as the control group. Both interventions will involve couple and group sessions led by specially trained male and female co-facilitators. The approach draws upon the social cognitive theory, an ecological framework, and the applicants' previous HIV/STD risk-reduction research with inner-city African American populations. The primary biological outcome is **sexually transmitted diseases** (chlamydia, **gonorrhea** and trichomoniasis) based on DNA amplification tests on urine and vaginal specimens. The primary behavioral outcome is the self-reported rate on condom-protected sexual intercourse. Secondary outcome measures include theoretically relevant variables hypothesized to mediate intervention effects. Audio computer-assisted self-interviewing (ACASI) will be used to collect data at baseline, immediately post-intervention, and at 6- and 12-month follow-up. To address the Specific Aims, we will analyze the data with generalized estimating equations (GEE). For instance, the analyses will test (a) the effects of the intervention on STD incidence, sexual behavior, and mediators of sexual behavior; and (b) whether the intervention's effects are different depending on key moderator variables, including gender of seropositive partner, length of relationship, psychological distress, sexual abuse history, ethnic identity, relationship satisfaction and substance abuse history. The findings will contribute significantly to the field of HIV/STD risk reduction by developing and testing an intervention with African American couples that can be offered to HIV clinics and CBOs.

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- **Project Title: HIV/STD RISK REDUCTION FOR AFRICAN AMERICAN ADOLESCENTS**

Principal Investigator & Institution: Sly, Kaye F.; Assistant Professor; Community Health Programs; Jackson State University 1400 John R. Lynch St Jackson, MS 39217

Timing: Fiscal Year 2001; Project Start 01-SEP-1999; Project End 31-AUG-2004

Summary: Sexually experienced adolescents less than 19 years of age are at greater risk for the acquisition of **sexually transmitted diseases** (STDs) and typically have higher STD rates than other age-specific groups. Nationally, this population accounted for about a quarter of all reportable STDs. In Mississippi (MS), this age group also

accounted for greater than 40 percent of the common reportable STDs in 1998. Despite such alarming STD rates, African American adolescents are at even greater risk for contracting STDs, including the human immunodeficiency virus (HIV) infection, and unplanned pregnancies. Few studies have documented the relative benefits of safer-sex and theory-based abstinence risk reduction programs as the framework for achieving effective change in risky behaviors among vulnerable adolescents. However, these models have been marred by either (1) the lack of sustainability, generalizability and replicability of the intervention effects, and/or (2) the integration of contraceptive knowledge and sexual negotiation skills into theory-based abstinence programs, strategies not in conformity with the conceptual framework of "pure" abstinence. Additionally, the National Institutes of Health (NIH) Consensus Panel recently highlighted the lack of sufficient scientific knowledge concerning the relative effectiveness of broader-based safer sex intervention versus the narrowly focused abstinence intervention funded by the United States (US) Congress under the current Welfare Reform Act. While the debate lingers among behavioral scientists and policy makers, studies designed to provide critical information and scientific knowledge for reaching a consensus concerning the relative efficacy of safer sex and "pure" abstinence-based interventions are scanty. Nevertheless, the fundamental research questions remain unanswered: Which behavioral interventions are the most appropriate, realistic and effective? Which mechanisms do exist to sustain and augment intervention effects on adolescent HIV- risk behaviors? What is the role of biological markers in behavioral research? Hence, the primary focus of this proposed study. Therefore, over a five-year period, we propose (A) to recruit 450 African American at-risk youths ages 12-16 years from inner-city youth serving organizations (YSOs) and a comprehensive community-based health center in Jackson, MS; (B) to stratify, and randomize into 1 of 2 culturally-sensitive and age-appropriate theory-based STD/HIV risk reduction interventions and an experimental control condition-- (1) safer sex group: Becoming A Responsible Team (BART) Program; (2) Abstinence group: Advisor/Advisee Character Education Program; and (3) the experimental control group: African History (AKOMA)--consisting of 8 modules of 1-hourly interactive instructional lessons per week, coordinated by trained community health facilitators; and (C) to finally evaluate the role and value of biological markers in behavioral research by longitudinally assessing the enrolled participants at baseline, and 6-, 12- and 18-months post- intervention for behavioral outcome measures, as well as, life skills that are critical in eliciting answers to our research questions.

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- **Project Title: HIV/STD RISK REDUCTION FOR AFRICAN AMERICAN COUPLES**

Principal Investigator & Institution: El-Bassel, Nabila; Associate Professor; None; Columbia Univ New York Morningside 1210 Amsterdam Ave, Mc 2205 New York, NY 10027

Timing: Fiscal Year 2002; Project Start 10-APR-2002; Project End 31-JAN-2007

Summary: (provided by applicant): The broad objective of this proposal is to test the efficacy of a contextually appropriate intervention to reduce the risk of **sexually transmitted diseases** among African American HIV serodiscordant heterosexual couples. This is a collaborative effort by four PIs (El-Bassel in New York, Jemmott in Philadelphia, Wingood in Atlanta, and Wyatt in Los Angeles) to use a common protocol to implement a randomized controlled trial. While most HIV/STI risk-reduction interventions are conducted at the individual level, a couple-based approach may be more efficacious and consistent with cultural values. The participants will be 800

African American HIV serodiscordant couples (200 per site) recruited from community-based organizations (CBOs), health departments, and HIV clinics. The couples will be randomized to one of two interventions: an 8-session HIV/STI sexual risk-reduction intervention (the Eban Program) or an 8-session general health promotion intervention concerning health issues unrelated to sexual behavior, which will serve as the control group. Both interventions will involve couple and group sessions led by specially trained male and female co-facilitators. The approach draws upon the social cognitive theory, an ecological framework, and the applicants' previous HIV/STI risk-reduction research with inner-city African American populations. The primary biological outcome is sexually transmitted infections (Chlamydia, **gonorrhea**, and trichomoniasis) based on DNA amplification tests on urine and vaginal specimens. The primary behavioral outcome is the self-reported rate of condom-protected sexual intercourse. Secondary outcome measures include theoretically relevant variables hypothesized to mediate intervention effects. Audio Computer-Assisted Self-Interviewing (ACASI) will be used to collect data at baseline, immediately post-intervention, and at 6- and 12-month follow-up. To address the Specific Aims, we will analyze the data with generalized estimating equations (GEE). For instance, analyses will test (a) the effects of the intervention on STI incidence, sexual behavior, and mediators of sexual behavior; and (b) whether the intervention's effects are different depending on key moderator variables, including gender of seropositive partner, length of relationship, psychological distress, sexual abuse history, and substance abuse history, ethnic identity and relationship satisfaction. The findings will contribute significantly to the field of HIV/STI risk reduction by developing and testing an intervention with African American couples that can be offered to HIV clinics and CBOs.

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- **Project Title: HPA AXIS FUNCTION IN ADOLESCENT ANTISOCIAL FEMALES**

Principal Investigator & Institution: Pajer, Kathleen A.; Psychiatry; University of Pittsburgh at Pittsburgh 350 Thackeray Hall Pittsburgh, PA 15260

Timing: Fiscal Year 2003; Project Start 01-JUN-2003; Project End 31-MAR-2008

Summary: (provided by applicant): Recent data suggest that adolescent antisocial behavior in girls is a prevalent problem that is increasing and is difficult to treat. Such behavior is also costly to society with high rates of delinquency, adolescent pregnancies, **sexually transmitted diseases**, substance abuse, and poor adult adjustment. Antisocial mothers also produce antisocial sons at a higher rate than any other type of parent, including antisocial fathers. Research on the biological aspects of female adolescent sociopathy is virtually non-existent. Studying the hypothalamic pituitary adrenal (HPA) axis portion of the stress response system may be particularly useful because: 1) such data could provide insight into the cause of female sociopathy; 2) HPA axis data may shed light on the intergenerational transmission of antisocial behavior between mothers and sons; and 3) persistently blunted HPA axis function may be associated with continued manifestation of antisocial behavior in adulthood. If so, measures of HPA axis function may be useful in conjunction with other variables to identify which teens are at risk for poor outcomes and may require more intensive treatment. Based on the results of two prior studies of cortisol levels in antisocial girls done by the PI and other members of the research team, it appears that HPA axis function may be diminished in this population. However, differences in morning basal cortisol levels are insufficient for answering the questions described above about the role of HPA axis function in female sociopathy. Thus, this study of 90 15-16 year old adolescent girls with Conduct Disorder (CD) and 90 girls without CD (NCD) (45 without any psychiatric disorder; 45 with

psychiatric illness) has two main aims: to characterize the function of the HPA axis in adolescent antisocial girls compared to NCD girls and to determine if HPA axis abnormalities are associated with persistence of antisocial symptoms over a 12-month period. We hypothesize that HPA axis function is blunted in girls with CD and that continued antisocial behavior will be associated with lower HPA axis activity at baseline and 12 months. The protocol described herein will enable us to determine if HPA axis function is actually diminished in these girls compared to NCD girls, whether this is a persistent abnormality, and if these differences have any value in predicting continuation of antisocial behavior.

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- **Project Title: HSV-SERONEGATIVE PERSONS WITH ACQUIRED IMMUNITY TO HSV**

Principal Investigator & Institution: Posavad, Christine M.; Laboratory Medicine; University of Washington Seattle, WA 98195

Timing: Fiscal Year 2001; Project Start 01-APR-2001; Project End 31-MAR-2003

Summary: (adapted from application abstract): Herpes simplex viruses type 1 (HSV-1) are ubiquitous human pathogens. HSV-2 is a major cause of genital herpes and one of the most frequent **sexually transmitted diseases**. The worldwide prevalence of genital HSV-2 continues to increase; approximately 22% of adults are infected with HSV-2 representing a 31% increase over the last decade. Cellular immune defects are more closely associated with severe HSV disease than humoral immune defects pointing to a key role of HSV-specific T cells in the control and resolution of disease. Because of the high seropositivity rate of HSV-1 and HSV-2 among most populations, the occurrence of acquired resistance to HSV was doubted. However, in a systematic study of T cell responses to HSV in HSV-1 and -2 seronegative individuals with no prior history of HSV disease, we have identified 3 of 19 individuals with persistent HSV-specific cytotoxic T lymphocyte (CTL) and lymphoproliferative (LP) responses (termed immune seronegatives, IS). We hypothesize that in a subgroup of individuals, HSV-specific T cell responses are acquired by previous exposure to HSV and that such responses resist infection by HSV. These individuals may be the ones who offer insight into defining what constitutes protective immunity to HSV. Specific Aim #1 will characterize the systemic CD4+ and CD8+ T cell responses to HSV in IS. Protective immunity requires long-term memory responses, and thus we address the question: Do these T cell responses persist or are they transient? Are the HSV antigens recognized by HSV-specific T cells from IS different from those observed in individuals with recurrent HSV disease? Specific Aim #2 will determine if IS are infected with HSV-1 or -2 in the absence of seroconversion. Highly sensitive PCR-based shedding studies will be employed to detect if HSV-1 or -2 are shed mucosally in these persons. Specific Aim #3 will explore if genital and/or oral mucosa sites contain T cells and antibodies specific for HSV in IS. Is there an increase in the frequency of HSV-specific T cells and antibody-secreting cells from the site of viral exposure? Delineating immune responses in person with acquired immunity or those with no history of HSV infection will provide insight into the immunobiology of HSV infection and acquisition and assist in the rational design of protective vaccines.

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- **Project Title: HUMAN PAPILLOMAVIRUS GENE EXPRESSION**

Principal Investigator & Institution: Broker, Thomas R.; Professor; Biochem & Molecular Genetics; University of Alabama at Birmingham Uab Station Birmingham, AL 35294

Timing: Fiscal Year 2001; Project Start 01-AUG-1984; Project End 31-MAY-2004

Summary: Human papillomaviruses (HPVs) cause the most prevalent **sexually transmitted diseases** of viral etiology. Infections are either subclinical or manifested as benign papillomas and condylomata. Infections by the high-risk HPVs, notably types 18 and 16, can progress to dysplasia and cancers. Because HPVs propagate only in human squamous epithelia undergoing terminal differentiation, we and others have adapted the technique of growing organotypic (raft) cultures of primary human keratinocytes (PHKs) to investigate HPV gene functions in vitro. We have shown that HPV-18 E7 gene expressed from HPV-18 enhancer-E6 promoter (URR) is differentiation-dependent and reactivates host DNA replication in differentiated PHKs in raft cultures. These results demonstrate that the function of the E7 protein, which binds to and inactivates pRB to release the E2F:DP transcription factors, is to facilitate viral DNA replication. We also found that E7 simultaneously induces, in differentiated PHKs, cyclin E and the universal cyclin-dependent kinase inhibitory p21cip1 protein. Induction of p21cip1 is mediated by post-transcriptional mechanisms. The induction of these two host proteins on the one hand and host and viral DNA synthesis on the other takes place in a mutually exclusive manner in differentiated PHKs in raft cultures and in benign papillomas, accounting for the heterogeneity of viral activities in patient specimens. Furthermore, certain E7 mutations activate a representative E2F-responsive host replication gene, the p180 subunit of the DNA polymerase alpha in differentiated PHKs but are unable to induce PCNA (a DNA polymerase delta co-factor) and therefore cellular DNA synthesis. These results suggest that the release of E2F:DP factors from pRB is necessary but not sufficient to activate all the DNA replication genes. This application is to investigate in depth the mechanisms in differentiated keratinocytes by which: (1) E7 activates host DNA replication such as pol-alpha and PCNA, and ultimately host DNA replication by using a panel of E7 mutations; (2) E7 activates the PCNA gene, with special attention to possible roles of cis elements in the first intron, the YY1 binding site which spans the RNA initiation sites, as well as additional regulatory elements in the promoter region; and (3) E7 induces cyclin E and p21cip1 proteins, with an emphasis on whether unscheduled cellular DNA synthesis is inhibited by the cyclin E or by the p21cip1 protein. The biochemical properties of E7 such as binding to tumor suppressors pRB, P107, and transcription factors TBP and YY1, and phosphorylation by casein kinase II will be determined and correlated with the biological consequences in just described. These studies will shed light on the pathways involved in controlling the cellular DNA replication machinery as well as HPV reproduction.

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- **Project Title: IMMUNITY TO STDs IN THE HUMAN MALE GENITAL TRACT**

Principal Investigator & Institution: Anderson, Deborah J.; Director; Brigham and Women's Hospital 75 Francis Street Boston, MA 02115

Timing: Fiscal Year 2002; Project Start 15-SEP-2000; Project End 31-MAY-2005

Summary: Sexually transmitted diseases (STDs) cause extensive morbidity and are epidemic in many developing countries and in certain segments of the US population. Little is known about immune defense mechanisms of the male urogenital tract that normally limit STD infections or that can be induced to protect against transmission of STD pathogens. Such information would facilitate the development of vaccines and other strategies to prevent STDs. This Program Project application addresses several aspects of this important research area. Three research projects and two service cores (Administrative and Clinical) are proposed. Project 1 (Dr. Anderson, PI) will investigate humoral and cellular acquired immune responses in the male genital tract and their

regulation. A special focus of this project will be the molecular definition and functional studies of immunoregulatory molecules and changes in their expression during infection. It is hypothesized that the male urogenital tract is an inductive site for local humoral immunity, but that cellular immune responses are tightly regulated. Project 2 (Dr. Quayle, PI) addresses the role of epithelial defensins (HD-5, HBD-1 and HBD- 2) in early host-pathogen interactions in the male urogenital tract. This project will characterize expression patterns and secreted forms of defensins in normal men and men with STDs, their activity against STD pathogens, and the role of defensins in leukocyte recruitment to the mucosa. Project 3 (Dr. Toribara, PI) will investigate mucin expression at various sites in the male genital tract, and address the hypothesis that mucins play an important role in mucosal immune defense. Investigators working on Projects 1 (acquired immunity) and 2 (defensins) will collaborate with investigators working on Project 3 (mucins) to define functional interactions between classic immunological mediators (cytokines, immunoglobulins, lymphocytes, defensins) and mucins present in the male genital tract. The Administrative Core will provide infrastructure support for the program. The Clinical Core, codirected by Drs. J. Pudney and P. Rice (PI of the Boston STD-CRC), will provide five services: 1) a male genital tract tissue bank for studies on cellular distribution and expression of defense molecules in different regions of the male genital tract; 2) immortalized epithelial cell lines from prostate, urethra and seminal vesicles and STD organisms for in vitro studies of effects of infection on gene regulation of defense and immunoregulatory molecules; 3) urethral and prostatic secretions from men with specific STDs and controls for studies on regulation of defense mechanisms by natural infections in vivo; 4) a PCR service for screening tissues and clinical samples for specific STD pathogens; and 5) database and statistical support.

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- **Project Title: IMMUNOPATHOLOGY OF TUBAL INFERTILITY**

Principal Investigator & Institution: De La Maza, Luis M.; Professor; Pathology; University of California Irvine Campus Dr Irvine, CA 92697

Timing: Fiscal Year 2003; Project Start 30-SEP-2003; Project End 31-JAN-2008

Summary: (provided by applicant): Chlamydia trachomatis is one of the most common pathogens involved in **sexually transmitted diseases**. In most instances, particularly in women, the infection is asymptomatic and thus, therapeutic measures cannot be initiated. Even in symptomatic cases, unless adequate therapy is implemented in a timely fashion, the patient may end up suffering from long term sequelae including chronic abdominal pain, ectopic pregnancy and infertility. In this proposal we want to test the hypothesis that a vaccine consisting of the C. trachomatis major outer membrane protein (MOMP) will be able to induce protection in mice against a genital challenge with the C. trachomatis mouse pneumonitis (MoPn) biovar. To achieve this goal we want to utilize a MOMP preparation extracted from native organisms that following purification, has been refolded. Adjuvants, that can be utilized in humans, including CpG, ISCOM, Montanide and DNA plasmids will be tested in mice for their ability to enhance the immunogenicity of the MOMP. In addition, in an effort to optimize a protective immune response, we will test different routes of vaccination. In the immunized animals we will be assessing the parameters that are critical for protection using different approaches. We will first compare the immune response in protected and control groups of three different strains of mice, and will attempt to identify epitopes of the MOMP recognized by B and T cells. Another group of immunocompetent animals will be first immunized with MOMP and subsequently, will

be treated with antibodies to block CD4+ and CD8+ T cells and B cells before they are challenged. In addition, we will transfer CD4+ and CD8+ T cells and B cells and antibodies from immunized mice to naive animals before they are challenged. Also, we will use anti-ML-12 and anti-IL-4 antibodies to characterize the role that Th1 and Th2 cells have in protection. Furthermore, to identify the cytokines involved in the eradication of Chlamydia, MOMP-immunized mice will be treated with anti-IFN- γ and anti-TNF- α antibodies before they are challenged. In conclusion, our goals are to establish an immunization protocol, utilizing a purified and folded MOMP preparation, that can protect mice against a genital challenge, and to characterize the immune components induced by the folded MOMP that are critical for protection.

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- **Project Title: IMPACT OF SCHOOL QUALITY ON ADOLESCENTS**

Principal Investigator & Institution: Mensch, Barbara S.; Population Council 1 Dag Hammarskjold Plaza New York, NY 10017

Timing: Fiscal Year 2001; Project Start 01-AUG-1997; Project End 31-DEC-2002

Summary: As in many other parts of the world, the rate of teenage childbearing outside of marriage is high in Kenya and on the rise. At the same time, adolescent girls are more likely to drop out of school prematurely than boys and are less likely to do well on the primarily school-leaving exams. While female attrition from school and premarital teen pregnancy are often linked in public discourse under the umbrella of "school-girl pregnancy," there has been little research, in contrast to the United States, that establishes the nature and strength of the association or its underlying determinants. Furthermore there has been no attention, either in Kenya or elsewhere, to the role of the school environment in affecting adolescent behavior despite the fact that school is a critical socializing institution, particularly in settings where mass education is a recent phenomenon. Using data on approximately 800 adolescents aged 12-19 and their parents in combination with data collected from 36 primary schools in the same communities, this project is designed to fill this research gap. The focus of the project will be on the quality of primary schools not only because the majority of school-going adolescents are in primary school but also because performance in primary school is crucial in determining the chances of further education. Specific objectives are to examine whether better school quality -- defined in terms of practices that enhance gender equity and develop cognitive competencies -- leads to (1) delayed sexual initiation, (2) reduced incidence of sexual harassment and forced sex, (3) greater knowledge of reproduction and reproductive health, (4) reduced incidence of premarital pregnancy and birth, (5) increased use of contraceptives, (6) reduced incidence of **sexually transmitted diseases**, (7) more regular school attendance, (8) more continuous enrollment, (9) more years of schooling, (10) better exam results, and (11) greater likelihood of secondary school attendance. In addition the impact of the quality of schools on the links between educational and reproductive outcomes will be investigated. This is the first time that such a comprehensive appraisal of schools -- involving observational assessment of classes and the larger school environment as well as structured interviews with students, teachers and principals -- has been implemented. In addition, this is the first time, for a developing country population, that full sexual and reproductive histories have been collected in combination with full educational histories enabling linkage of the timing of pregnancy and school dropout.

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- **Project Title: IMPACT OF SOCIAL NETWORKS ON SYPHILIS TRANSMISSION**

Principal Investigator & Institution: Rompalo, Anne M.; Medicine; Johns Hopkins University 3400 N Charles St Baltimore, MD 21218

Timing: Fiscal Year 2001; Project Start 01-APR-2000; Project End 31-MAR-2005

Summary: (Adapted from the Applicant's Abstract): The investigators propose to examine the role of social context and social influence on **syphilis** transmission in Baltimore. Currently, Baltimore has the Nation's highest rates for newly acquired primary and secondary **syphilis**. The goals of this study are, first, to examine the social context of **syphilis** risk through the assessment of social and sexual network characteristics. In collaboration with the Baltimore City Health Department (BCHD), the investigators will recruit between 400 and 1200 patients who present to the BCHD **Sexually transmitted Diseases** (STD) clinics for evaluation and treatment of primary and/or secondary stage **syphilis**. The investigators will collect specimens from these patients' **syphilis** lesions for restriction fragment length polymorphism (RFLP) analysis, and conduct social and sexual network interviews with these **syphilis** patients and their social/sexual network members. Using Geographic Information System (GIS), the investigators will map the social and sexual networks. This will allow us to track and compare possible **syphilis** transmission through both network types and to examine social structural factors, especially drug use, which may be associated with disease transmission and risk behaviors. Social context data will be confirmed by biologically-based strain typing. The investigators propose to apply the RFLP technique in collaboration with Dr. Sheila Lukehart at the University of Washington to determine the prevalence of and factors associated with genetic clustering of **syphilis** in Baltimore over time. The investigators will determine if different RFLP profiles exist in Baltimore, use GIS to plot their spatial distribution and evaluate the relationship of social networks to clusters of infections. This will be the first time that a biological marker of transmission will serve to validate epidemiological defined transmission groups and thus improve our ability to delineate the sexual, social and personal network characteristics associated with **syphilis** transmission. The investigators are currently funded to examine the role of social context on **gonorrhea** transmission. As a second goal of this study will be to compare the social context of **syphilis** risk to that of **gonorrhea** risk and to determine and compare the role of drug use and other social factors in the social context of both **sexually transmitted diseases**. Thus, the investigators propose to compare the efficacy of detecting early infectious (primary and secondary stage) **syphilis** cases by interviewing and screening social network members of early **syphilis** index cases compared to that of standard sexual partner notification techniques. The proposed project seeks five years of support to map, analyze and compare **syphilis** cases within social and sexual networks. Data collected in this proposal data may be applied to modify current methods of **syphilis** contact tracing and develop more effective future preventive and intervention strategies.

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- **Project Title: INDUCTION OF PROTECTIVE IMMUNITY AGAINST MULTIPLE STDS**

Principal Investigator & Institution: Eko, Francis O.; Professor; Morehouse School of Medicine Atlanta, GA 30310

Timing: Fiscal Year 2002; Project Start 30-SEP-1987; Project End 31-JUL-2006

Summary: (provided by applicant): **Sexually transmitted diseases** (STDs) are of major medical and social importance worldwide and co-infection by more than one STD is

common in high-risk populations. Genital infections caused by *Chlamydia trachomatis* and herpes simplex virus type 2 (HSV-2) rank among the highest STDs in the world. In fact, genital chlamydial infection is the most common bacterial STD in the United States and may cause severe irreversible complications in women, including pelvic inflammatory disease, fallopian tube scarring, ectopic pregnancy and infertility. Genital infection caused by HSV-2 is prevalent worldwide causing genital ulcerations and severe complications such as neonatal herpes and central nervous system involvement. Considering the worldwide prevalence of these STDs, vaccines offer the best approach for controlling these infections. Besides, a combination vaccine that can be administered as a single regimen to protect against multiple STDs would be highly desirable to control the rampant co-infections among STDs. Despite considerable effort, the development of an efficacious vaccine against either *Chlamydia* or herpes using conventional approaches has been difficult. The current paradigm for designing efficacious vaccines against these pathogens requires identification of appropriate antigens and development of effective delivery vehicles capable of eliciting high levels of Th1 response that can confer long-lasting protective immunity. The chlamydial major outer membrane protein (MOMP) and the glycoprotein D2 (gD2) of HSV-2 are highly immunogenic proteins that have been targeted as potential vaccine candidates; these proteins possess both neutralizing and T cell epitopes. We have designed a novel recombinant bacterial ghost delivery system which has inherent adjuvant properties and capable of simultaneously presenting multiple antigens to the immune system. The ultimate aim of the proposed project is to genetically design a recombinant multivalent subunit vaccine composed of *Vibrio cholerae* ghosts co-expressing the MOMP of *C. trachomatis* and the gD2 of HSV-2.

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- **Project Title: INFORMED CONSENT IN DEVELOPING COUNTRY RESEARCH**

Principal Investigator & Institution: Fitzgerald, Daniel W.; Medicine; Weill Medical College of Cornell Univ New York, NY 10021

Timing: Fiscal Year 2002; Project Start 30-SEP-1999; Project End 31-JUL-2005

Summary: (provided by applicant): This application is to support the continued training of Dr Daniel Fitzgerald as an international clinical investigator. The applicant will continue clinical research started during the first three years of Fogarty support in HIV prevention and in practical public health interventions for **sexually transmitted diseases**. Also, as an extension of previous work, the applicant will conduct a study of the informed consent process for an HIV prevention clinical trial in Haiti. The applicant will continue to be mentored by Dr. Warren Johnson (Cornell) and Dr Jean Pape (GHESKIO Center Haiti). In addition, Dr Thomas Murray (Hastings Center in Bioethics) and Dr Paul Farmer (Harvard, Social Sciences) will serve as advisors. The proposed research is based upon two hypotheses 1) The informed consent process for HIV prevention trials in a developing country can be made more efficient by the use of media aids such as videos and printed brochures. 2) In Haiti, research subjects' autonomy to voluntarily consent is limited by factors such as the influence of family and community leaders, lack of primary health care, and misconceptions about the meaning of signing a consent form. The specific aims are: 1) to conduct a randomized controlled study comparing research subjects' comprehension of a consent form for an HIV prevention protocol in Haiti after being randomly assigned to receive information about the study by one of two different educational methods. 2) to identify and to characterize through behavioral research techniques factors that limit developing country research subjects' autonomy during the informed consent process for HIV prevention studies. The

identification of optimal methods to inform research subjects in Haiti and the characterization of factors that may limit autonomy will allow improvements in the informed consent process for HIV clinical trials in Haiti. This in turn will help establish guidelines for informed consent and protect the rights of research subjects involved in HIV clinical trials in Haiti and other developing countries.

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- **Project Title: INTERVENTION TO REDUCE HIV/STD RISK IN TEEN PREGNANCY**

Principal Investigator & Institution: Ickovics, Jeannette R.; Epidemiology and Public Health; Yale University 47 College Street, Suite 203 New Haven, CT 065208047

Timing: Fiscal Year 2001; Project Start 24-APR-2001; Project End 31-MAR-2006

Summary: (adapted from the applicant's abstract): The long-term objective of this study is to reduce risk for HIV and other **sexually transmitted diseases** (STDs) during and after pregnancy among ethnically-diverse adolescents (aged 14-19) receiving prenatal care in public clinics in 2 cities: New Haven CT and Atlanta GA. Because women of all ages make numerous behavioral changes during pregnancy (e.g., improve diet; reduce/eliminate tobacco, alcohol and illicit drug use), we believe that pregnancy may also present an important window of opportunity to promote changes in high-risk sexual behavior. Behavior changes initiated in pregnancy could be maintained postpartum with an effective intervention. Integrating theories of diffusion of innovation, social learning theory, and theory of gender and power, specific aims of the proposed study are to: (1) Implement a unique group prenatal care intervention that focuses on risk assessment, educational/skills development, and social support to reduce health risk behaviors and promote health enhancing behaviors; (2) examine prospectively changes in behavior throughout the prenatal period and up to one year later, and to determine the effects of these behavioral changes on biological outcomes, including incidence of STDs and repeat pregnancy; and (3) Identify HIV risk-related psychosocial characteristics associated with biological and behavioral outcomes. As part of this randomized controlled trial, women entering prenatal care in the collaborating clinics will be randomly assigned to one of three treatment conditions: individual standard of prenatal care, standard Centering Pregnancy Program for group prenatal care, and enhanced Centering Pregnancy Program including HIV/STD skills development. The principal outcome will be subsequent chlamydial or gonorrheal infection, evaluated on an intent-to-treat basis by logistic regression analysis. The strengths of the proposed study include: its randomized, prospective longitudinal design; opportunity to maximize sexual risk reduction during and after teen pregnancy; integration of biological and behavioral outcomes; intervention implemented in two cities with high HIV/STD prevalence; change social norms regarding high-risk behavior during pregnancy/postpartum by conducting prenatal care in peer groups; and ability to sustain the intervention because prenatal care is covered by most standard reimbursement systems -- both public and private (i.e. ease of technology transfer).

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- **Project Title: INTERVENTIONS FOR STDs IN HIGH SCHOOLS**

Principal Investigator & Institution: Gaydos, Charlotte A.; Medicine; Johns Hopkins University 3400 N Charles St Baltimore, MD 21218

Timing: Fiscal Year 2001; Project Start 30-SEP-1999; Project End 31-AUG-2003

Summary: Description (Adapted from application): Sexually active adolescents are at increased risk for **sexually transmitted diseases** (STDs). The introduction of DNA tests, which utilize non-invasive samples such as urine, have greatly increased the number of STD infections detected, thus the tools to biologically monitor (biomarkers) interventions, which previously have been measured by self-report, are now available clearly documenting high prevalences of infections with *C. trachomatis*, *N. gonorrhoeae*, and *T. vaginalis*. Sequelae of these asymptomatic infections are serious and costly. Interventions to reduce exposure to these agents by changing sexual risk behaviors are greatly needed. In this study, a successful safe-sex intervention "Focus on Kids" will be modified for use in high schools, and administered during lunch periods to approximately 1,350 ninth grade adolescents in five inner-city schools with School Based Health Centers (SBHC). Students, sexually active or not, will be invited to participate in this intervention study which will be advertised broadly at the beginning of the school year. Sexually active students participating in the intervention will be actively enrolled in the biomarker portion of the study in the SBHC and undergo screening for chlamydia, **gonorrhea** and trichomonas twice a year. Symptomatic students would also be screened as per clinical protocol. Baseline and self-reported behavior changes resulting from the intervention will be evaluated by questionnaire at the beginning and end of the intervention, and at 6- months and at 12-months following completion of the intervention. All students found to be infected will be treated appropriately. Self-reported behavior changes, both short and long-term, will be correlated with biomarker results. The relationship of clinical and demographic variables to biomarkers will be determined, and the relationship and effect of sexual mixing patterns on prevalence of STDs will also be determined. This multi-disciplinary and cooperative study encompassing behavioral, interventional, epidemiological, and biological sciences will evaluate a behavioral approach to STD prevention and control.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: JOHNS HOPKINS TRAINING PROGRAM IN STIS**

Principal Investigator & Institution: Zenilman, Jonathan M.; Professor; Molecular Microbiol and Immun; Johns Hopkins University 3400 N Charles St Baltimore, MD 21218

Timing: Fiscal Year 2001; Project Start 30-SEP-2001; Project End 31-AUG-2006

Summary: (provided by applicant): The Johns Hopkins Training Program in Sexually Transmitted Infections seeks to provide training to eight predoctoral and three postdoctoral students, including clinical post-doctoral infectious disease fellows. The proposed program is a multidisciplinary, collaborative effort which includes 20 trainers (Mentors) from departments in the School of Public Health (Molecular Microbiology and Immunology, Epidemiology, Population and Family Health Sciences, and international Health), the School of Medicine (Infectious Diseases, Pediatrics, Pathology, Oncology), and the School of Arts and Science (Biophysics). All of the trainers have active NIH-funded research programs in STI-related topics and have expertise in nearly all fields relevant to STIs, including clinical care and research, infectious diseases, adolescent medicine, reproductive health, behavioral research and intervention, epidemiology, microbiology, therapeutic and diagnostic trials, vaccinology, health economics, and health policy. The predoctoral students will be recruited from those in the above departments (or if appropriate, other departments of the University) who have (1) completed their coursework and are post-certified, (2) have chosen a thesis topic appropriate for this program, and (3) are committed to fulfill the requirements of this program. They will work in one of four areas: laboratory sciences, epidemiology,

behavior, and health policy/economics. Postdoctoral clinical trainees will be encouraged to pursue clinical research projects using the Johns Hopkins and Baltimore City Health Department clinics. A structured didactic, mentoring and evaluation program is a key component. All trainees will be required to take (if they have not already done so) prescribed courses covering the prevention and control of **sexually transmitted diseases**, biostatistics and epidemiology, ethics and grant writing. The students will attend the weekly STD Seminar Series and will periodically present their research findings to this and other groups. The trainers will help the students in the design and execution of the research project and will acquaint them with the resources available in the field. They will serve on the student's thesis committee to monitor progress and to offer constructive advice. The postdoctoral students will work closely with a trainer. The Program Directors and Executive Committee will closely monitor trainee progress to ensure that the program objectives are being achieved. The aim will be to train young investigators who will be leaders in future efforts to prevent and control STIs in the USA and the world.

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- **Project Title: MASS MEDIA AND ADOLESCENTS' SEXUAL HEALTH**

Principal Investigator & Institution: Brown, Jane D.; Professor; None; University of North Carolina Chapel Hill Office of Sponsored Research Chapel Hill, NC 27599

Timing: Fiscal Year 2001; Project Start 26-SEP-2000; Project End 31-JUL-2005

Summary: (Adapted from applicant's abstract): Adolescents in the United States continue to have the highest rates of teen pregnancy and one of the highest rates of **sexually transmitted diseases** in the post-industrial world. The mass media have been blamed for increasingly STD's. However, little is known about how media depictions affect teens' sexual beliefs and behaviors. This five-year project is one of the first population-based investigations of the link between teens' exposure to sexual content in the media and their sexual beliefs and behaviors. The project is based on the Media Practice Model that assumes that adolescents must choose among the array of media now available to them. Consequently, all teens will not have the same "diet" of sexual media content, and all will not be affected in the same ways. Data will be gathered in five phases: First, all 7th and 8th grade students (about 3,000) enrolled in nine middle schools in central North Carolina will complete a self-administered questionnaire about their use of the mass media. Second, the content the teens most frequently in that medium to create a measure of their sexual media diet -- the time each teen spends attending to sexual content in the media. Third, a stratified (by race and gender) random sample of 1,000 of the students who completed the in-school media questionnaire about their use of the mass media. Second, the content the teens most frequently attend to in seven different media including television, movies, magazines, books, the internet, etc. will be collected and analyzed for risky and health sexual portrayals. This is the first time the sexual content of the media has been assessed across the array of media teens attend to. The time each teen spends with each medium than will then be weighted by medium to create a measure of their sexual media diet -- the time each teen spends attending to sexual content in the media. Third, a stratified (by race and gender) random sample of 1,000 of the students who completed the in school media questionnaire will be interviewed in their homes about their sexual knowledge, beliefs, and behaviors using a computer-assisted interviewing system to ensure privacy and confidentiality. Two years later, in Phases 4 and 5 of the project, the 1,000 students will be reinterviewed in their homes and another sample of media content will be analyzed to assess how media diets and sexual attitudes and behaviors have changed.

The longitudinal and comprehensive design of this study will provide the most current understanding of how the mass media affect the sexual beliefs and behaviors of adolescents.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: MECHANISM OF SAMMA AGAINST HSV: KEY COFACTOR FOR HIV**

Principal Investigator & Institution: Herold, Betsy Clement.; Chief, Division of Pediatric Infectious; Mount Sinai School of Medicine of Nyu of New York University New York, NY 10029

Timing: Fiscal Year 2001; Project Start 26-SEP-2001; Project End 31-JUL-2005

Description (provided by applicant): The overall goal of this Program is to develop safe and effective topical microbicides for intravaginal or rectal use that will block sexual transmission of human immunodeficiency virus (HIV) and other **sexually transmitted diseases**. The program focuses on a novel family of candidate microbicides based on the parent compound, sodium dimandelic acid ether (SAMMA). The applicant has found that SAMMA has excellent anti-HIV and anti-herpes simplex virus (HSV) activity, while exhibiting no cytotoxicity in tissue culture. Preliminary studies suggest that SAMMA inhibits viral entry, but it is unique among other inhibitors of entry because it contains no sulfur. Project II focuses on defining the mechanism of activity of SAMMA and structural derivatives against HSV. There are several reasons to focus on HSV in the development of topical microbicides. HSV is a major co-factor in HIV transmission and recent epidemiological studies highlight the urgent need for HSV control if HIV is to be successfully combated. HSV ulcerative lesions enhance acquisition of HIV-1. At a molecular level, HSV infection may induce the expression of pro-inflammatory cytokines that are known to induce HIV-1 replication and may activate cellular pathways, which may enhance HIV-1 replication. In addition, mouse studies of genital herpes are an excellent surrogate small animal model for evaluating the anti-viral and local immunological effects of candidate agents. Also, recent studies from our laboratories clearly demonstrate parallels in the pathways of invasion of HSV and HIV and in the anti-viral activity of candidate agents. Thus, understanding the mechanism of anti-HSV activity of this family of drugs may shed light on mechanism of anti- HIV activity .The first aim of Project II is to evaluate the efficacy, cytotoxicity and mechanisms of activity of SAMMA and chemical derivatives against HSV using primary and permanent human cell culture systems. In Aim 2, the applicant will isolate viruses resistant to SAMMA or lead derivatives. Resistant variants will provide insight into the mechanism of anti-viral activity of the compound and the potential for generating resistant virus in humans. The third aim will focus on identifying the viral and cellular factors important in HSV-induced enhancement of HIV replication and the effects of SAMMA on this phenomenon. The knowledge gained from these studies will provide important data for advancing SAMMA or one of its lead derivatives to clinical trials.

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- **Project Title: MENTAL HEALTH AND BEHAVIOR IN ADOLESCENT STD PREVENTION**

Principal Investigator & Institution: Shrier, Lydia A.; Children's Hospital (Boston) Boston, MA 021155737

Timing: Fiscal Year 2001; Project Start 28-SEP-1999; Project End 31-AUG-2004

Summary: (Adapted from the Applicant's Abstract): Lydia A. Shrier, M.D., M.P.H., is an Adolescent Medicine specialist committed to a career in patient-oriented clinical research. Her research goals are to develop and evaluate adolescent-specific interventions to reduce sexual risk behavior and **sexually transmitted diseases (STDs)**, including human immunodeficiency virus (HIV) infection. Adolescents are the population at highest risk for STD/HIV. Studies have suggested that mental health problems, including depression, low self-esteem, and low self-efficacy, may play an important role in the development of sexual risk behaviors and influence the effectiveness of STD/HIV prevention interventions. To develop effective STD/HIV risk reduction interventions for adolescents, it is critical to understand the impact of poor mental health on sexual risk behavior. A K23 Award would provide Dr. Shrier with the funding and time to pursue intensive training in health behavior and interventional trial design, implementation, and analysis, as well as to acquire new knowledge and experience in the study of mental health and sexual risk behavior. The superb clinical, research, and teaching faculties of Children's Hospital, Boston, Harvard Medical School, and Harvard School of Public Health will support Dr. Shrier in meeting the objectives of the career development and research plans. The Career Development Plan includes (1) coursework in biostatistics and research design, (2) a fellowship with the Behavioral Interventions and Research Branch of the Division of STD Prevention at the Centers for Disease Control and Prevention, (3) mentoring in mental health research, prevention/intervention theory and methodology, and health behavior research, and (4) on-going access to consultation and support during the planning, implementation, and evaluation of the proposed research. The Research Plan proposes 3 linked studies to evaluate the hypothesis that depression, low self-esteem, negative mood, and low self-efficacy to use condoms are related to condom nonuse and STD acquisition among sexually active adolescents. Study 1 will use data from the National Longitudinal Survey of Adolescent Health to evaluate associations of depressive symptoms and self-esteem with condom nonuse and STD acquisition. Informed by Study 1, Studies 2 and 3 will prospectively examine associations of these mental health risk factors, as well as mood and self-efficacy to use condoms, with outcomes of inconsistent condom use and STD acquisition in a randomized clinical trial of an interactive video-plus-counseling safer sex intervention. An objective biologic measure, Chlamydia trachomatis infection, as well as self-reported condom use will be used to assess intervention effectiveness. Study 2 will use the control group to elucidate temporal relationships among the mental health factors and the outcomes of condom nonuse and Chlamydia acquisition over one year. Study 3 will evaluate whether poor mental health alters response to the intervention, as measured by a reduction in Chlamydia incidence. If mental health is found to influence intervention effectiveness, the results of the study will be used to develop a program that systematically incorporates mental health evaluation and treatment into the prevention of HIV and other STDs in adolescents.

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- **Project Title: MICROBICIDES: DEVELOPMENTAL CONTEXT OF ACCEPTABILITY**

Principal Investigator & Institution: Rosenthal, Susan L.; Professor; Pediatrics; University of Texas Medical Br Galveston 301 University Blvd Galveston, TX 77555

Timing: Fiscal Year 2001; Project Start 29-SEP-2000; Project End 31-AUG-2005

Summary: (Adapted from the applicant's description): **Sexually transmitted diseases (STDs)** are a major health problem for adolescents. The development of new methods for STD prevention such as topical microbicides is of high priority. To be effective,

microbicides will need to be accepted and used. Adolescent-specific interventions will be needed to promote microbicide use among adolescents. The current proposal examines developmental factors that are associated with use of microbicide-like formulations among adolescent girls and explores the attitudes of significant individuals (boys, mothers, health care providers) who impact adolescent girls' decision-making. Specific Aims: 1) To describe how adolescent females and males and significant adults (mothers of adolescent girls and health care providers) anticipate using a topical microbicide. The applicant will address research questions focused on their familiarity with the products, aspects that foster use, barriers to use, and how these perceptions vary across different groups. 2) To evaluate how discussion of use, initial use, and sustained use varies as a function of developmental characteristics (cognitive functioning and decision-making, psychosexual maturation, sociocultural context), and the experience with the product. Methods: The first specific aim will be accomplished by conducting focus groups of adolescent males, adolescent females, mothers, and health care providers. The second specific aim and relevant hypotheses will be tested by recruiting 200 adolescent girls (14 to 21 years) to participate in a study during which they have an opportunity to use approved intravaginal contraceptive products. These girls will be followed weekly for six months to determine use of the product and their experiences using or not using the product. Significance: This work will provide important new information regarding factors that will influence microbicide use by adolescent girls. The results of our research will be critical in guiding the development of adolescent-specific interventions that will foster the acceptability and use of microbicides, and in doing so, will result in better control of STDs among adolescents.

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- **Project Title: MICROBIOLOGY OF CHLAMYDIA TRACHOMATIS ATTACHMENT**

Principal Investigator & Institution: Stephens, Richard S.; Professor; Francis I. Proctor Foundation for Research in Ophthalmology; University of California San Francisco 500 Parnassus Ave San Francisco, CA 94122

Timing: Fiscal Year 2001; Project Start 01-JUL-1992; Project End 31-DEC-2005

Summary: (Adapted from the Applicant's Abstract): Chlamydia trachomatis is an obligate intracellular bacterial pathogen that is the cause of a wide spectrum of human diseases, including **sexually transmitted diseases** and blinding trachoma. Chlamydiae infect mammalian cells by attachment, endocytosis and inhibition of lysosomal fusion with endosomes containing chlamydiae. The target host cell in vivo is typically the columnar epithelial cell, and the primary mode of entry of chlamydiae into these 'non-professional phagocytic' cells is thought to be receptor-mediated endocytosis. Immunopathology caused from repeated and persistent infection causes the most severe disease outcomes; however, little is known about the molecular mechanism of chlamydial infection of host cells. The long-term objective is to understand chlamydial pathogenesis and virulence in the context of the interaction of chlamydiae with their host cells. This will yield important fundamental information for a) understanding mechanisms of infection, b) mediators of virulence and c) the development of new approaches for intervention. The specific aims of this application will be to advance our studies to define molecular and biochemical mechanisms involved in chlamydial-specific interactions with mammalian host cells. The aims are derived from our data that demonstrate a novel and essential role for glycosaminoglycan mediated chlamydial invasion of eukaryotic cells. The hypothesis is that chlamydiae invade mammalian host cells by a heparan sulfate-like ligand and elicit responses by the host cell which have consequences for pathogenesis. The significance of these studies is an understanding of

fundamental mechanisms of chlamydial pathogenesis and virulence as an active interplay between chlamydia and its host cell. The specific aims are: 1) Molecular characterization of the heparan sulfate-like invasin, 2) Identify and characterize the mammalian host cell chlamydial receptor, 3) Characterize the modification of host cell signal-transduction and regulatory pathways by chlamydiae, and 4) Test the protein expression and significance of chlamydia-induced changes in host cell gene transcription.

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- **Project Title: MID-AMERICA ADOLESCENT STD COOPERATIVE RESEARCH CENTER**

Principal Investigator & Institution: Orr, Donald P.; Pediatrics; Indiana Univ-Purdue Univ at Indianapolis 620 Union Drive, Room 618 Indianapolis, IN 462025167

Timing: Fiscal Year 2001; Project Start 30-SEP-1998; Project End 31-AUG-2002

Summary: The purpose of the Mid-America Adolescent **Sexually Transmitted Diseases** Cooperative Research Center (MASTD CRC) is to conduct integrated, multidisciplinary research on important issues related to sexually transmitted infections in adolescents. The goal is to examine longitudinally the behavioral, psychosocial and biological risk and protective factors related to sexually transmitted infections of the lower genital tract among middle adolescent women. The five projects will be supported by an Administrative Core (A), a Clinical Core (B) data, a Laboratory Core (C) and Biostatistical Core (D). A behavioral epidemiology project will investigate the psychosocial (sociocultural and family, social/sexual networks, attitudes), partner-specific interpersonal relationship (relationship quality, communication), and coitus-specific (sexual interest, substance use) factors associated with risk and protection. Two projects will focus on organisms causing genital ulcer disease, cervicitis and PID. One will elucidate the nature of the interaction between the gonococcus and the cervical cell surface. The other will examine the relationships of omp1 genotype, immune factors and repeated lower genital tract chlamydia infections in adolescent women. The fourth project will explore the pathogenesis of human papillomavirus infections with emphasis on the controlling susceptibility to infection. The fifth project investigates important aspects of vaginal immunity as influenced by reproductive hormones and sexually transmitted pathogens (*C. trachomatis*, *N. gonorrhoeae*, *T. vaginalis*). The multi-disciplinary research conducted by this consortium agreement between Indian University and NorthWestern University, Louisiana State University and University of Iowa Schools of Medicine will increase our understanding of the complex interplay of actors that increase risk for and protect from STI. Real time video tele-conferencing will be used to facilitate collaboration, interchange of ideas and cross-disciplinary research across campuses. The findings from the studies conducted by the center investigators will facilitate intervention-oriented research for primary and secondary prevention of STD for adolescents.

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- **Project Title: MODELING HIV AND STD IN DRUG USER AND SOCIAL NETWORKS**

Principal Investigator & Institution: Morris, W M.; Professor; Ctr/Studs/Demography & Ecology; University of Washington Seattle, WA 98195

Timing: Fiscal Year 2001; Project Start 22-JUN-2001; Project End 31-MAY-2006

Summary: The parallel epidemics of HIV, STDs and blood-borne infections (BBIs) associated with drug use and sexual activity continue to raise major scientific and public policy issues. Recent social science and epidemiologic research on HIV transmission among drug users and others has begun to shift attention from individual behavior to the pattern of connections among individuals. The fundamental network hypothesis states that risk for disease propagation is not fully accounted for by personal behavior, but is independently influenced by social network structure. Developmental work in this field suggests that public policy for the control of STDs and BBIs can be guided by mathematical models that simulate transmission networks, and that such models are most likely to be useful when they are grounded in empirical data. We propose to assemble a number of data sets previously funded by NIDA and other agencies (see section D. 1) that focus on infectious diseases that spread via well-defined contact networks, such as HIV, HBV, and HCV in networks of injecting drug users or STDs and HIV in sexual networks. These will provide the empirical base for integrating networks into traditional epidemiologic analysis (aim 1.0), developing statistical methods for modeling and simulating networks (aim 2.0), and analyzing the network effects on disease transmission dynamics (aim 3.0). Specifically, we propose to: (1) Perform epidemiological analysis of existing network data sets to characterize the association of social network structure with the spread of **sexually transmitted diseases** (STDs) and blood borne diseases (BBIs). We will incorporate network measures in traditional epidemiologic analyses of these data; analyze the relationship of network measures to basic epidemiologic measures such as the basic reproduction ratio; and develop a public use repository for the data. (2) Develop statistical methods for estimating population level network parameters from network survey data, and simulating dynamically evolving networks with similar properties. Both the estimation and simulation methods will be based on a common Markov Chain Monte Carlo (MCMC) algorithm, which will enable researchers for the first time to simulate networks that have the same statistical properties as those observed in real data. (3) Use these methods to examine the impact of networks on transmission of STDs and BBIs. In particular, we will examine the independent and joint effects of needle sharing and sexual transmission via their respective networks. The results of this project will help to provide a systematic empirical basis for identifying how networks determine the risk of exposure at the individual level, and how they influence the population dynamics of disease transmission. This will support prevention efforts at both levels. It will provide the scientific basis for individual-level prevention strategies that focus on partnership interventions. It will enable public health professionals to identify population-level prevention strategies that make a network less vulnerable to spread. And it will identify the type of network data needed to inform such efforts.

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- **Project Title: MUCOSAL IMMUNE BARRIER IN INFECTION AND INFLAMMATION**

Principal Investigator & Institution: Mostov, Keith E.; Professor; Anatomy; University of California San Francisco 500 Parnassus Ave San Francisco, CA 94122

Timing: Fiscal Year 2002; Project Start 30-SEP-2002; Project End 31-MAR-2007

Summary: (provided by applicant): Exposed mucosal surfaces, such as the respiratory, gastrointestinal, and genitourinary surfaces, are lined primarily by a single layer of epithelial cells. This cell layer serves at least two primary functions in the mucosal immune system. First, it is a barrier to the entry of the >95% of infectious agents that enter through mucosal surfaces, as well as a barrier to allergens and other noxious

agents. Mucosal infectious diseases include such high priority agents as AIDS and other **sexually transmitted diseases**, numerous opportunistic infections and emerging and re-emerging diseases, and bio-terrorist agents. Second, in response to these pathologic agents, inflammatory and immune cells are recruited and cross the epithelial barrier, following a chemotactic gradient. This Program Project presents a multidisciplinary and highly interactive approach to these problems. The Project and Core leaders combine a great deal of experience and diverse insights and techniques. Our experimental systems range from in vitro cell culture to genetically modified whole animals, though we focus on lung epithelium as an exemplary mucosal, and *Pseudomonas aeruginosa* as an exemplary mucosal pathogen. The integrity of the epithelial monolayer is essential to its mucosal immune function. The epithelial monolayer has sophisticated wound-healing mechanisms to maintain its integrity. Project 1 concentrates on the basic mechanisms of epithelial wound healing. Project 2 focuses on how wound healing is altered by *P. aeruginosa* and closely parallels Project 1. Projects 3 and 4 focus on the movement of inflammatory cells across the epithelial monolayer into the lumen. Project 3 considers the transmigration of the polymorphonuclear neutrophil, specifically the role of CD47 and the ligand for Mac-1. Project 4 focuses on the role of matrix metalloproteases (MMPs) in chemotaxis of inflammatory cells into the lumen. All four projects are supported by all three cores. Core A is administrative. Core B, Cell Isolation and Culture, provides primary lung epithelial cells for all projects. Core C provides Live Cell Multiphoton and Confocal Imaging, which will be vital to all projects. There is very extensive interaction and collaboration through out. For instance, Projects 1, 2 and 4 all utilize mice knocked-out for certain MMPs.

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- **Project Title: MUCOSAL VACCINES AGAINST GONORRHEA**

Principal Investigator & Institution: Russell, Michael W.; Research Professor of Microbiology; Microbiology and Immunology; State University of New York at Buffalo 402 Crofts Hall Buffalo, NY 14260

Timing: Fiscal Year 2001; Project Start 01-JUN-2000; Project End 31-MAY-2004

Summary: (Adapted from Applicant's Abstract) The objective of this proposal is to evaluate the use of a newly discovered, highly conserved outer-membrane protein antigen of *Neisseria gonorrhoeae*, designated NspA, as a potential candidate vaccine against **gonorrhea**, when administered by mucosal routes designed to induce high levels of antibodies in the genital tract. This will be accomplished by exploiting a novel technology, developed in this laboratory, for fusing bacterial protein antigens to the A2 subunit of cholera toxin (CT) and co-expressing the fusion protein with the nontoxic binding (B) subunit of CT, to form chimeric immunogens of the form NspA-CTA2/B, in which the toxic A1 subunit of CT has been replaced by the desired antigen. Chemical conjugates of NspA and CTB will also be evaluated. Alternative constructs will utilize type II heat-labile enterotoxins of *Escherichia coli*, which have different binding properties. Immunogens of this type have previously been shown to induce strong mucosa and circulating antibody responses when administered by mucosal routes. Specific IgA and IgG antibody responses in the genital tract (and other mucosal sites) and in the serum will be determined in mice immunized with these constructs as applied by intranasal or intragastric routes. Specific antibody secreting cells, specific T cells and the cytokines secreted by T cells will also be evaluated to assess the immune response in detail. A newly described mouse model of genital tract colonization by *N. gonorrhoeae* will be used to determine the ability of NspA-CTA2/B chimeric proteins and other constructs to elicit protective immunity against gonococcal infection. Potential

mechanisms by which the expected IgA and IgG antibodies to NspA may be effective in protection against gonococcal infection of the genital tract will be examined by developing monoclonal IgA and IgG antibodies from mice mucosally immunized with NspA-CTA2/B constructs, and testing their ability to inhibit gonococcal adherence to and invasion of epithelial cells in culture, and to suppress genital colonization of mice with *N. gonorrhoeae*. The successful accomplishment of these objectives should provide a basis for further considering NspA as a component of a vaccine against **gonorrhea**, and for proposing trials designed to evaluate human genital tract immune responses to NspA-CTA2/B chimeric proteins. The information gained about genital tract immunity and the techniques used may also be applicable to other **sexually transmitted diseases**.

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- **Project Title: NATIONAL SOCIAL LIFE, HEALTH AND AGING PROJECT**

Principal Investigator & Institution: Waite, Linda J.; Professor; National Opinion Research Center 1155 E 60Th St Chicago, IL 60637

Timing: Fiscal Year 2003; Project Start 30-SEP-2003; Project End 31-AUG-2008

Summary: (provided by applicant): This study will explore health and well-being in American men and women age 57-84. We propose a nationally representative in-home survey of 3,000 non-institutionalized people to describe, for the first time, distributions of physical and psychocognitive health, illness, medication use, intimacy and sexuality among older adults and to evaluate the relationships among these components of health in different sociocultural contexts. Specifically, we aim to: 1) Describe health of older community-residing Americans: A) Describe distributions of physical and psychocognitive health, social networks and capital, illness, medication use and sexuality among older adults. B) Evaluate the relationships among these components of health in different sociocultural contexts. C) Evaluate the relationship between quality of life and health behaviors among older adults, including: sexuality, physical activity; nutrition; sleep; alcohol, tobacco and other substance use. 2. Evaluate the relationship between health and older adult sexuality, focusing on: A) Physical illness and disability: arthritis, Alzheimer's disease, cancer, cardiovascular disease, diabetes, obesity, urinary incontinence and **sexually transmitted diseases** including HIV/AIDS; B) Mental illness: depression, dementia, stress, anxiety, low self-esteem, poor body-image; C) Medication use: prescription, self-medication, and alternative remedies. 3) Examine sexuality within social networks and the encompassing sociocultural context: A) Evaluate the relationship of older adult sexuality to important life stages (retirement, divorce, widowhood, and formation of new partnerships including remarriage). B) Evaluate the relationship between sexuality and social embeddedness including: sociability, independence, loneliness, physical, emotional, and sexual abuse. C) Ascertain older adults' perceptions about the relationship of sexuality to health and their needs for physician-patient communication and health care services in this domain.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: NEUROLOGIC/IMMUNOLOGIC MANIFESTATION OF HTLV-I INFECTION**

Principal Investigator & Institution: Zunt, Joseph R.; Neurology; University of Washington Seattle, WA 98195

Timing: Fiscal Year 2001; Project Start 30-SEP-2000; Project End 31-MAY-2005

Summary: (adapted from the application's abstract): Human T-cell lymphotropic virus type I (HTLV-I) infection causes tropical spastic paraparesis/HTLV-I associated

myelopathy (TSP/HAM), is transmitted sexually, parenterally, or perinatally, and is a major public health problem in many parts of the world. The early natural history of sexually acquired HTLV-I infection in young adults remains largely undefined. The candidate's previous studies of female sex workers (FSW) in Peru yielded 2 important findings. First, frequent cervical shedding of HTLV-I DNA among women with sexually acquired HTLV-I infection, as well as a strong association of cervical shedding of HTLV-I DNA with the presence of **sexually transmitted diseases**, and with young age were found. Second, a blinded, computer assisted quantitative spasticity assessment demonstrated a significantly higher mean spasticity score among asymptomatic FSW with HTLV-I infection, than among uninfected controls. The specific aims of the proposed study are to (1) define clinical and virological features of early HTLV-I infection, (2) to define determinants of cervico-vaginal HTLV-I shedding and the potential role of shedding in sexual transmission, and (3) to define virological and immunological correlates associated with subclinical spasticity and TSP/HAM.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: NON-INVASIVE CHLAMYDIAL SCREENING FOR ADOLESCENTS**

Principal Investigator & Institution: Blake, Diane R.; Pediatrics; Univ of Massachusetts Med Sch Worcester Office of Research Funding Worcester, MA 01655

Timing: Fiscal Year 2001; Project Start 30-SEP-2000; Project End 31-AUG-2005

Summary: (adapted from application abstract): The candidate, Dr. Diane Blake, has completed fellowship training in adolescent medicine, with a particular emphasis on **sexually transmitted diseases** in adolescents. She is now an Assistant Professor at the University of Massachusetts School of Medicine and she proposes a multi-pronged research approach, under the mentorship of Dr. Marianne Felice, (Chair of Pediatrics at the University of Massachusetts), to 1) investigate social and behavioral factors that serve as obstacles to chlamydial screening in adolescent populations; 2) conduct a screening program using urine-based LCR to determine the point prevalence of chlamydia in these two populations and 3) conduct cost effectiveness analysis to determine whether urine-based screening of young people based upon entry into residential setting is cost effective. The project will be phased, involving focus groups that will address issues regarding the knowledge base, perceived barriers, etc. of STD service utilization; construction of a questionnaire that will further explore some of the barriers and ideas for overcoming barriers that were identified in the focus groups; determination of the point prevalence of chlamydia in the populations of these residential settings; followed by analysis of the cost-effectiveness of screening in preventing of sequelae of untreated chlamydial infections.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: NORTH CAROLINA STD COOPERATIVE RESEARCH CENTER**

Principal Investigator & Institution: Sparling, Philip F.; Professor; Medicine; University of North Carolina Chapel Hill Office of Sponsored Research Chapel Hill, NC 27599

Timing: Fiscal Year 2001; Project Start 01-JUL-1991; Project End 31-AUG-2003

Summary: This is a competing renewal of a cooperative research agreement for a **Sexually Transmitted Diseases** Research Center (STD CRC). A total of five project and 3 cores are included, including studies on the STD pathogens *N. gonorrhoeae*, *H. ducreyi*, and *T. pallidum* and an epidemiological/behavioral study on adolescent sexual behaviors and outcomes. Work on the scientific projects will be facilitated by an administrative core, a clinical microbiology core, and human challenge core. These

studies will unit the scientific areas of basic microbiology and immunology, clinical infectious diseases, and behavioral and epidemiological research. Within these scientific areas there are multiple interactions of the scientific disciplines of molecular microbial genetics, immunology, epidemiology, behavioral research, and biostatistics and mathematical modeling. This work will be conducted at the University of North Carolina-Chapel Hill and its affiliated **sexually transmitted disease**. The proposed work is, for the most part, a direct follow-up on successfully completed projects of the past STD CRC. The first project will study the pathogenesis and immunology of gonococcal outer membrane proteins involved in iron utilization from hemoglobin and heme. The second project will study the importance of gonococcal opacity proteins and pili for infection in the human volunteers. The third project will focus on studies of attachment of *H. ducreyi* to human neutrophils and epithelial cells. The fourth project will explore potential phase and antigenic variation of newly discovered outer membrane proteins of *T. pallidum*. The five project is a behavioral and epidemiological study of adolescents who have been followed by the ADHEALTH project, which aims to understand the particular health seeking behaviors related to testing for STDs and treatment of STDs. Overall these projects will help to understand the immunobiology and several important bacterial STDs and may help to develop vaccines to prevent these diseases. These projects also will help to understand interventions at the clinical level which might help reduce STDs particularly in adolescents.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: PATHOGENESIS OF PERSISTENT CHLAMYDIAL STDs**

Principal Investigator & Institution: Dean, Deborah A.; Assistant Professor of Medicine; Children's Hospital & Res Ctr at Oakland Research Center at Oakland Oakland, CA 94609

Timing: Fiscal Year 2003; Project Start 15-SEP-2003; Project End 31-DEC-2007

Summary: (provided by applicant): Chlamydia trachomatis(CT) is the leading cause of **sexually transmitted diseases** (STD) in the developed world. CT infections and their sequelae of pelvic inflammatory disease, ectopic pregnancy, and infertility are responsible for approximately 80% of the estimated \$2.5 billion annual cost of these infections in the United States. Further, up to 50% of women become reinfected and are at increased risk for these sequelae. Many reinfections reflect persistence that likely plays an important role in pathogenesis. The major outer membrane protein is considered to be the immunodominant protein of CT. However, the discovery of open reading frames predicted to encode a nine-member polymorphic membrane protein (Prop) gene (pmp) family in the recently published genome sequence of CT serovar D suggest that these Props may also be important in chlamydial biology. Further, CT contains a partial tryptophan biosynthesis operon (trpR, trpA, trpB) not found in a CT mouse strain (MoPn) or other species of Chlamydia. Tryptophan is essential for chlamydial replication, and tryptophan depletion in vitro results in chlamydial persistence. Our hypothesis is that the prop and tryptophan genes may undergo selection that results in differential expression or activity of these proteins that: 1) consequently determine active or persistent infection; and 2) are significantly involved in pathogenesis as an outcome of persistence or outcome of other factors. By analyzing the genetic profile of prototype and serial recurrent and persistent CT STD patient strains and by correlating these data with epidemiologic and clinical findings, we hope to identify the genes, genetic/protein variation and evolution of this variation in the organism, and how these are linked to persistence and pathogenesis. Thus, this grant will answer broad questions about the genetic and protein basis for persistence and for

pathogenesis, and provide important research tools including a Database and DNA microarray that will be of long-term benefit to investigators in the field of Chlamydia. The Specific Aims for this grant are to: 1) Sequence the nine *pmps*, and *trpR*, *trpA*, and *trpB* genes for the 19 prototype serovars of CT and create a DNA microarray for these genes and *ompA* to differentiate strains of CT, and for use in Aim 2; and 2) Identify polymorphisms in and protein expression of the nine *props*, specific tryptophan operon genes, and other constitutively expressed genes among serial cervical samples from patients with persistent versus non-persistent CT STDs; correlate the genetic and protein expression profiles of these serial samples with epidemiologic and clinical findings.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: PERCEIVED RISK FOR SEXUALLY TRANSMITTED DISEASES**

Principal Investigator & Institution: Ellen, Jonathan M.; Associate Professor; Pediatrics; Johns Hopkins University 3400 N Charles St Baltimore, MD 21218

Timing: Fiscal Year 2001; Project Start 01-MAR-1995; Project End 31-AUG-2004

Summary: National cross-sectional data show that condom use, contraceptive use, and prevalence of **sexually transmitted diseases** (STDs) among adolescents vary by age. Prospective data are needed to document that this happens with age and is not due to cohort effects, and to identify factors that account for these patterns. Based on the initial grant period, we are well-positioned to explore determinants of these patterns. We developed a reliable and valid measure of partner-specific perception of risk for **sexually transmitted diseases** (PRSTD) among adolescents which we showed to be linked to intention to use condoms. These intentions, in turn, predicted future sexual behaviors, especially among adolescents who have more relative power in their sexual relationships. We also established an association between these behaviors, and incidence of biologically-validated STDs. The proposed five year continuation will expand upon the initial project by addressing the following specific aims: 1) determine whether age-related changes within individuals in their PRSTD, patterns of sex partnerships, and condom use are associated with changes in incidence of STDs; 2) determine if decrease in condom use and increases in hormonal contraceptive use with age are related to changes in individuals' patterns of sex partnerships and desire to be pregnant; 3) to determine the extent to which the relative power an individual has in a sexual relationship affects condom behavior; and 4) to determine whether the accuracy of adolescents' PRSTD increases with age. In the proposed study, we will follow sexually experienced adolescents, 14-19 years old, over three years. We will collect data (interviews and STD testing) from adolescents whom we have already recruited in the initial period of this project and from adolescents we will recruit during the first year of the proposed project. The cohorts to be studied in the proposed project will include an STD clinic cohort (n=350) and a general adolescent medicine clinic cohort (n=460). We will also recruit and interview main sex partners of a random sample of our subjects. Although these clinic-based samples are not representative of the general adolescent population, data collected from these cohorts complement the data collected from national representative samples. Ultimately, the findings of this study may provide important information which could improve the long-term effectiveness of sexual risk reduction interventions by providing a more dynamic picture of the determinants of adolescent sexual behavior and risk for STDs than previously has been available.

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- **Project Title: PORPHYRINS AS MICROBIDES FOR PREVENTION OF STDS/HIV**

Principal Investigator & Institution: Compans, Richard W.; Professor and Chair; Microbiology and Immunology; Emory University 1784 North Decatur Road Atlanta, GA 30322

Timing: Fiscal Year 2001; Project Start 30-SEP-1999; Project End 31-AUG-2004

Summary: The long term goal of this project is to reduce the transmission of **sexually transmitted diseases** (STDs) by the development of effective topical microbicides. This multiproject effort will focus on development of topical vaginal bactericidal and virucidal compounds, able to inactivate several STD pathogens and not cause inflammation in the host, using porphyrin and metalloporphyrin compounds. Our previous work has shown these compounds to possess potent and broad-spectrum antibacterial activity and to utilize a novel bacterial target, and that some porphyrins also have potent virucidal activity against HSV- 1, HSV-2 and HIV. This proposal is designed to further investigate our promising initial results, to explore the fundamental science underlying these discoveries, and to lay the foundation for the clinical application of this drug class as topical microbicides/ virucides. The following individual projects are therefore proposed: In Project 1 Drs. Luigi Marzilli and Dabney Dixon will synthesize, purify, and characterize porphyrins and metalloporphyrins for biological studies in projects and will support the biological studies with biophysical and analytical methods. In Project 2, Drs. Igor Stojiljkovic and William Shafer will investigate the spectrum of activity of porphyrins against clinical isolates of STDs, *N. gonorrhoeae* and *H. ducreyi* and commensal organisms that would normally inhabit the vagina. The porphyrin spectrum of activity will be studied in vitro and in cell culture. In Project 3, Dr. Amy Sears will investigate the efficacy and mechanism of action of porphyrins as virucidal agents against herpes simplex viruses (HSV- 1 and HSV-2). In Project 4, Dr. Richard Compans will determine the virucidal activity of porphyrin and metalloporphyrin compounds against infectious HIV- 1 and SIV virions, investigate the mechanism of action of the porphyrins found to be virucidal against HIV, and determine the frequency at which possible resistant variants of HIV can be detected. In collaboration with Project 5, the protective effect of virucidal porphyrins against SIV infection in a mucosal challenge model will be determined. In Project 5, Dr. Kenneth Gould will focus on in vivo evaluation of prospective drugs developed in projects 1-4. It will evaluate aspects of the toxicology and pharmacodynamics of selected drugs; will evaluate effects on male efficacy against SIV infection in a primate model.

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- **Project Title: PROTECTION FROM HIV INFECTION: T CELL AND MACROPHAGE**

Principal Investigator & Institution: Gray, Clive; University of Natal Durban 4041, South Africa Durban,

Timing: Fiscal Year 2002; Project Start 01-JAN-2002; Project End 31-DEC-2006

Description (provided by applicant): Highly exposed persistently seronegative individuals provide a valuable opportunity to study immune parameters that may correlate with protection from overt HIV-1 infection. This study will investigate the role of T cell immunity, HLA, and macrophage function in HIV seronegative sex workers of more than four years duration from the truck stops in KwaZulu-Natal and HIV seronegative men who are repeat attenders at the Durban **sexually transmitted diseases** clinic. The frequency and durability of HIV-1 antigen-specific CD8+ and CD4+ T cell responses will be investigated and correlated with coital frequency in these individuals.

T cell responses will be assessed using a combination of the IFN γ ELISPOT assay, intracellular cytokine staining by flow cytometry, functional kill and proliferation measurements. This approach will identify CTL epitopes and explore CD4 $^{+}$ T cell responses in relation to the breadth and magnitude of CTL. The possibility of latent HIV-1 infection in CD4 $^{+}$ T cells in highly exposed persistently seronegative individuals who show detectable T cell responses will also be investigated. We wish to determine whether low-level infection may drive T cell immunity. The monocyte/macrophage lineage will also be investigated for the presence of incomplete, defective HIV-1 genomes as well as exploring the phenomenon of stimulation-induced resistance in macrophages isolated from blood and genital tract. Stimulation of isolated monocytes/macrophages with a representative panel of bacterial and viral antigens derived from concurrent sexually transmitted infections will be investigated. We aim to assess whether stimulation-induced cytokine/chemokine expression can render cells resistant to ex vivo HIV infection. One of the outcomes of this study will be to identify CTL epitopes that show degenerate HLA binding and which are correlated with protection from HIV infection in the epicenter of the global HIV epidemic.

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- **Project Title: RECOMBINANT ANTIBODIES AS INTRA-VAGINAL SPERMICIDES**

Principal Investigator & Institution: Coppola, Michael A.; Contravac, Inc. 2545 Cedar Ridge Ln Charlottesville, VA 22901

Timing: Fiscal Year 2001; Project Start 29-SEP-1997; Project End 31-AUG-2003

Summary: (provided by applicant): World population is predicted to reach 10 billion people by the year 2050, increasing more than 75 percent over the current population. Development of new contraceptive options is necessary to provide accessible birth control to all individuals regardless of sociological, financial, or educational limitations. Current literature implicates marketed spermicidal formulations in cervical and vaginal irritation leading to lesions and acquisition of **sexually transmitted diseases**. Reassessment of these spermicides by the FDA may result in increased costs or their removal from the market. New, inexpensive spermicides with improved safety and effectiveness must be developed. The long-term goal of this research proposal is the development of a marketable topical intra-vaginal contraceptive product based on an anti-sperm monoclonal antibody, S19. This mAb inhibits human sperm function and gamete interactions in vitro. During Phase I of the project, a recombinant single chain fragment variable region (scFv) miniantibody derived from S19 was engineered and shown to have the same anti-sperm reactivity as the native mAb. This scFv is termed RASA, for Recombinant Anti-Sperm Antibody. In the proposed Phase II study, we will first humanize RASA, and re-assess the immunoactivity of the new scFv. Second, we will develop an efficient, cost-effective platform for production and purification of large amounts of RASA in a bacterial or yeast expression system. Third, we will formulate the immunoactive humanized recombinant scFv with candidate intra-vaginal delivery vehicles including Novasomes, a trilamellar liposome-based vehicle, and test the activity of these RASA preparations to determine optimal formulation conditions and dosing. Finally, the stability and safety of the optimized formulation will be assessed. PROPOSED COMMERCIAL APPLICATION: Topical intra-vaginal contraceptive.

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- **Project Title: ROLE OF LOS AND ITS RECEPTORS IN GONOCOCCAL PATHOGENESIS**

Principal Investigator & Institution: Ingalls, Robin R.; Assistant Professor; Boston Medical Center Gambro Bldg, 2Nd Fl, 660 Harrison Ave, Ste a Boston, MA 02118

Timing: Fiscal Year 2001; Project Start 15-JAN-2000; Project End 31-DEC-2004

Summary: Description (Adapted from the applicant's abstract): *Neisseria gonorrhoeae* is a major cause of **sexually transmitted diseases**. While this organism primarily infects the lower genital tract, it can ascend to the upper female genital tract, and certain strains are capable of dissemination. Early events in the establishment of infection involve interactions between *N. gonorrhoeae* and cells present in the human genital tract. Here, surface antigens on the gonococcus trigger the local and systemic humoral immune response that results in the release of cytokines, prostaglandins, and other inflammatory mediators. Previous efforts have focused on defining immunologic responses to protein antigens on the surface of *N. gonorrhoeae*. In contrast, little attention has been paid to the pro-inflammatory effects of the endotoxin lipopolysaccharide (LPS) that coats the surface of all Gram-negative bacteria, including the gonococcus. With *Neisseria meningitidis*, as well as most enteric Gram-negative pathogens, it is clear that the acute cytokine response associated with the sepsis syndrome is due, in a large part, to the interaction of LPS with its receptors. For *N. gonorrhoeae*, however, the role of its endotoxin (also known as lipooligosaccharide or LOS) their responsiveness to various strains of gonococci and their LOSs. These in the activation of epithelial cells encountered during mucosal infection of the genital tract are unproven, although its pro-inflammatory activity in vitro has been documented. The goal of this proposal is to characterize the role of gonococcal LOS in the interaction between *N. gonorrhoeae* and the epithelial cells found in the female genital tract. First, the PI will characterize three novel epithelial cell lines derived from the female genital tract in terms of cell lines may represent a new in vitro model for examining the pathogenesis of gonococcal infections. Second, the PI will make two mutants in the lipid A component of gonococcal LOS. Lipid A has been shown to be responsible for the pro-inflammatory effects of LPS, and loss or modification of lipid A would be expected to impact on the pathogenicity of a Gram-negative bacterium. Finally, the PI will examine the role of epithelial cell receptors for endotoxin in gonococcal invasion and activation, with an emphasis on Toll, a family of receptors recently identified as components of the LPS signaling pathway.

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- **Project Title: SAN ANTONIO SEXUALLY TRANSMITTED DISEASES COOPERATIVE RE**

Principal Investigator & Institution: Baseman, Joel B.; Professor & Chair; Microbiology and Immunology; University of Texas Hlth Sci Ctr San Ant 7703 Floyd Curl Dr San Antonio, TX 78229

Timing: Fiscal Year 2001; Project Start 30-SEP-1999; Project End 31-AUG-2003

Summary: The San Antonio STDCRC proposal represents an integrative and innovative effort to investigate important emerging causes of **sexually transmitted diseases**. It combines basic and clinical strategies with behavioral and epidemiological analyses in an underserved minority women population (Mexican- and African-American) who attend a dedicated research clinic (designated Project SAFE) totally overseen by the STDCRC. This targeted patient population is both understudied and disproportionately affected by STDs. The Center's goals are to understand the biology and disease potential of specific sexually transmitted infectious diseases considered emerging pathogens that

include *Trichomonas vaginalis*, human herpesvirus V (HHV8) and *Mycoplasma genitalium*; determine their individual prevalence and association with other STDs; provide clinical evaluation and physical examination of study patients and collect and distribute genital tract and blood samples to specific projects; correlate infections and adverse outcomes with interventions that attempt to reduce STD incidence through behavioral modification; and define factors and promote strategies through targeted multi-disciplinary research activities and effective collaborations that lead to STD prevention and control. The primary investigators who comprise the San Antonio STDCRC have academic appointments in the Departments of Microbiology, Obstetrics and Gynecology and Pediatrics of The University of Texas Health Science Center at San Antonio and have long-term working relationships through STD research and other professional responsibilities. Project #1 focuses on the important *T. vaginalis* protein P270, a highly immunogenic molecule that displays differential surface placement and phenotypic variation as a result of infection with a double stranded RNA virus. Project #2 investigates the prevalence and risk factors associated with HHV8 infection in minority women using serological assays and quantitative HHV8-specific PCR amplification. Project #3 examines the prevalence of *M. genitalium* in the study population and investigates the regulation and expression of cytoadherence-related *M. genitalium* proteins. Project #4 evaluates the efficacy of culturally-relevant intervention modules and clinical counseling on behavioral modification and STD incidence in minority women. Project #5 focuses on clinical, biological and behavioral aspects of *T. vaginalis* infections, evaluates the risk of adverse outcomes in women with STDs during pregnancy and collects and distributes blood and genital tract specimens to specific projects. The Statistics/computing Core serves as the central database for all clinical and behavioral information and subject tracking and develops study designs for individual projects.

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- **Project Title: SEX HORMONE REGULATION OF INNATE IMMUNITY IN WOMEN & MEN**

Principal Investigator & Institution: Wira, Charles R.; Professor of Physiology; Physiology; Dartmouth College 11 Rope Ferry Rd. #6210 Hanover, NH 03755

Timing: Fiscal Year 2002; Project Start 30-SEP-2002; Project End 31-JUL-2007

Summary: (provided by applicant): The overall objective of this Program Project is to define the role of sex hormones (androgens, estrogens and progestins) in regulating the innate immune system as it functions systemically and at mucosal surfaces. We will define the mechanisms whereby sex hormones influence phenotype, innate function, and communication between the innate and adaptive immune systems. Our intent is to use peripheral blood cells from men and women, cell lines, and immune cells and tissues from the FRT to define the role of sex hormone and pathogenic challenge at the cellular and molecular level. We postulate that innate immunity (epithelial cells, neutrophils, macrophages and NK cells) is under male and female sex hormone control and that, in addition to conferring protection, each of these cells is capable of initiating an adaptive immune response. Support for four Projects will be provided by three Cores: Administrative, Tissue, and Technical Support. Project 1 will define how sex hormones influence human FRT epithelial cells to initiate and modulate innate immunity throughout the FRT. We will test the hypothesis that sex hormones regulate innate function and define the relationship between epithelial anti-bacterial response and specific Toll-like receptors (TLRs) in response to microbial components (pathogen-associated molecular pattern molecules [PAMP]) as well as define the interactions

between innate and adaptive immunity. Project 2 will define the effect of gender and sex hormones on polymorphonuclear neutrophil (PMN) function. Our findings that PMN produce interferon (IFN) γ and that estradiol down-regulates PMN oxidative burst provides a foundation for studies to test the hypothesis that sex hormones modulate PMN trans-endothelial migration, effector cell function and susceptibility to apoptosis and, thus, innate immunity. Project 3 will focus on the role of sex hormones on the differentiation of monocytes into macrophages (and dendritic cells [DCs]), on immune cell function and the capacity of these cells to initiate adaptive immune responses. These studies will test the hypothesis that sex hormones influence macrophage/DC responses to PAMP and influence microbe-dependent conversion of these cells from an anti- to pro-inflammatory phenotype. Project 4 will test the hypothesis that peripheral NK cells from men and women and NK cells in the FRT are differentially regulated by androgens and estrogens. These studies will examine the mechanism(s) by which sex hormones regulate NK phenotype and effector function as well as enhance and/or lower NK cytolytic activity, cytokine production, and the recruitment of NK cells to the FRT. Overall, these studies may increase our limited understanding of the role of sex hormones in regulating immune protection and should provide the basis of knowledge essential for understanding the role of hormones in autoimmune diseases, the prevention and management of **sexually transmitted diseases**, and insight into the heterosexual transmission HIV-1.

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- **Project Title: SEX HORMONE REGULATION OF NK CELL IN REPRODUCTIVE SYSTEM**

Principal Investigator & Institution: Sentman, Charles L.; Dartmouth College 11 Rope Ferry Rd. #6210 Hanover, NH 03755

Timing: Fiscal Year 2002; Project Start 01-APR-2002; Project End 31-MAR-2007

Description (provided by applicant): Natural killer (NK) cells are a key cellular component of the innate immune response and represent one of the mechanisms to activate proinflammatory processes. Although best known for rapid killing of tumor cells and activation during viral infections, NK cells are believed to be important for the proper implantation and maintenance of the developing fetus. NK cells localize specifically to the FRT during the secretory phase of the menstrual cycle. This is somewhat paradoxical since the FRT must keep inflammatory responses tightly controlled to prevent damage to a developing fetus, and high levels of NK cell activity have been associated with an increased rate of spontaneous abortion. However only CD56+, CD16- NK cells are believed to localize to the FRT. How and why this happens is unknown. This application examines three important processes that occur as a part of normal NK cell physiology and their regulation by sex hormones. First, we will define the regulation of NK cell subsets and cell recruitment into tissues by sex hormones. Through the use of chemotaxis assays and in vitro cell culture systems, we will demonstrate the active migration of NK cells into the FRT and determine the mechanism responsible and the extent of regulation by sex hormones. Second, we will ask to what extent sex hormones alter NK cell recognition mechanisms. We will use selected effector-target combinations, activating and blocking antibodies to delineate the active cytotoxic mechanisms used and their regulation by different sex hormones. Third, we will ask if sex hormones program NK cells to differentially secrete cytokines. We will determine the extent to which cells from the blood and FRT secrete different cytokines in response to exogenous stimuli and their regulation by sex hormones. This application aims to address some of these basic questions regarding sex hormone regulation of NK

cell function and how specific NK cell subsets are recruited to the FRT. Our studies may provide the basis of knowledge essential for understanding the role of hormones in autoimmune conditions, the prevention of local infection in the genital mucosa, and the management of **sexually transmitted diseases**.

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- **Project Title: SEXUAL HEALTH PRACTICES OF HOMELESS ADOLESCENTS**

Principal Investigator & Institution: Rew, Donna L.; Professor; None; University of Texas Austin 101 E. 27Th/Po Box 7726 Austin, TX 78712

Timing: Fiscal Year 2001; Project Start 01-JAN-1999; Project End 31-MAR-2002

Summary: This study is in response to the program announcement, Health Risk Reduction: Community-Based Strategies, and is an essential step in developing culturally relevant interventions to promote positive sexual health practices and outcomes among homeless adolescents. The specific aims are to 1) describe the sexual health practices, including prevalence and incidence of STD testing, diagnosis, and treatment as well as the prevalence and incidence of immunizations for hepatitis B, of homeless adolescents; 2) examine the relationships among variables in the conceptual model of sexual health practices: sociodemographics, sexual history, culture of homelessness, cognitive perceptual factors, behavioral factors, and individual sexual health practices of homeless adolescents; 3) determine the indirect effects of sociodemographics, sexual history, and culture of homelessness, and the direct effects of cognitive perceptual factors and behavioral factors on individual sexual health practices of homeless adolescents; and 4) explore with homeless adolescents the feasibility of developing culturally relevant interventions to promote positive sexual practices in this population through (a) focus groups that explore their perceptions of factors that are culturally relevant, and (b) comparing characteristics of those subjects who remain connected to the project site for periods of 3, 6, 9, and 12 months and characteristics of those who leave the area during these time intervals. A convenience sample of 460 homeless youth will be surveyed to describe their sexual health practices and to examine relationships among theoretical variables through structural equation modeling. A subsample of 40 homeless youth will participate in focus groups to provide their perspectives on community-based interventions to reduce the risk of **sexually transmitted diseases** (STDs) that would be culturally relevant and feasible for them. The expected outcomes of the study are the refinement of a theoretical model of sexual health practices that will provide a framework for interventions to reduce the prevalence and incidence of STDs in vulnerable homeless adolescents.

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- **Project Title: SEXUAL RISK AND HIV/STD IN VULNERABLE CAMBODIAN FEMALES**

Principal Investigator & Institution: Gorbach, Pamina M.; Assistant Professor, in Residence; Epidemiology; University of California Los Angeles 10920 Wilshire Blvd., Suite 1200 Los Angeles, CA 90024

Timing: Fiscal Year 2001; Project Start 01-SEP-2001; Project End 31-AUG-2004

Summary: Cambodia is wrestling with a growing HIV/AIDS epidemic seeping from core groups into the general population as demonstrated by a HIV prevalence among pregnant women of 2.6% in 1999. This HIV prevalence among low risk women is among the highest in Asia, classifying Cambodia's epidemic as "generalized". The Cambodian National Center for HIV, AIDS. Dermatology and STDs (NCHADS) is interested in

averting the further spread HIV into populations of young women such as those working in factories or Karoke bars who are pressured into commercial and casual sex to supplement inadequate salaries as Cambodian men develop new sources of sex partners and types of sexual partnerships perceived as lower risk than brothel-based sex workers. Specific information on the risk behavior of such young women is necessary to develop appropriate HIV prevention programs. The overall aim of the proposed study is to gather preliminary data in order to submit an application to conduct an intervention study to prevent HIV/AIDS and **sexually transmitted diseases** among vulnerable female populations such as factory workers and indirect sex workers in Phnom Penh, Cambodia. This application will be submitted in collaboration with colleagues at Brown University's Center For AIDS Research and in collaboration with their Fogarty Training Program. Random samples of women working in factories (n=461) and karoke bars (n=388) will be drawn in two consecutive years using a two stage sampling design. A behavioral questionnaire and blood specimen will be collected from females 18 years and older in these occupations. NCHADS' protocols for collection of surveillance data will be followed so that behavior and HIV prevalence between factory workers and karoke workers can be compared to other groups of women in surveillance program. This study's findings will document if the Cambodian HIV epidemic has generalized beyond core groups into other vulnerable populations such as women working in factories and karoke bars in Phnom Penh, Cambodia and provide data necessary for the design of an appropriate HIV/AIDS prevention program for these young women.

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- **Project Title: SEXUALLY TRANSMITTED DISEASES COOPERATIVE RESEARCH CENTE**

Principal Investigator & Institution: Rice, Peter A.; Professor & Chief; Boston Medical Center Gambro Bldg, 2Nd Fl, 660 Harrison Ave, Ste a Boston, MA 02118

Timing: Fiscal Year 2001; Project Start 30-SEP-1999; Project End 31-AUG-2003

Summary: The major objectives of this STD-CRC are directed towards the prevention and control of two major STD pathogens, Chlamydia trachomatis and Neisseria gonorrhoeae in the context of their natural settings-patients infected with these organisms. Five research projects and four service cores (Administrative, Clinical, Laboratory and Statistical) are proposed. In the first project we propose to develop and evaluate an educational intervention to prevent Chlamydia infection among sexually active inner city youths using the populations of two Boston adolescent clinics (Boston Medical Center and Children's Hospital). In the second Project, we propose to use newly developed genetic techniques to identify novel virulence genes and mechanisms focusing particularly on how C. trachomatis regulate their dimorphic life cycle. In the third Project we proposed to examine the role of bacterial LPS (or LOS) receptors, CR3 and CD14, in the host response to genital infections with N. gonorrhoeae and C. trachomatis. We believe that innate immune responses determine the extent of uptake by both professional and non-professional phagocytes of these two pathogens. In the fourth Project we propose to examine the trafficking pathway of N. gonorrhoeae after it enters genital epithelial cells and the effects of the up-regulated asialoglycoprotein receptor in these events. Together with the third project we will also examine the basis upon which these cells produce cytokines in a CD14 independent fashion. In the fifth Project we propose to continue to investigate the immunologic hypothesis that women who resist infection with N. gonorrhoeae when exposed may have protective immunity. We will determine in vivo expression of and the immune response to a group of iron-

regulated proteins in subjects with **gonorrhea**, examining also whether women who resist gonococcal infection harbor potentially protective immune responses. Together with the fourth Project, we will also examine the regulation of these proteins in the model of urethral epithelial cell infection.

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- **Project Title: SEXUALLY TRANSMITTED DISEASES COOPERATIVE RESEARCH CTR**

Principal Investigator & Institution: Hillier, Sharon L.; Professor; Magee-Women's Health Corporation 204 Craft Ave Pittsburgh, PA 15213

Timing: Fiscal Year 2001; Project Start 30-SEP-1999; Project End 31-AUG-2003

Summary: This **Sexually Transmitted Diseases** Cooperative Research Center will emphasize prevention of selected STDs and the consequences of STDs. In particular we are stressing STDs which have significant adverse impact on the health of women. With this approach we will identify ways in which the burden of complications associated with STDs that disproportionately result in adverse effects on the reproductive health of women can be reduced. To achieve this goal we will be taking several approaches. Two intervention studies, an indirect and direct approach will be undertaken to prevent acquisition of bacterial vaginosis (BV), chlamydia and herpes and thereby the complications associated with these STDs. In a biologic intervention approach use of a Lactobacillus capsule will be assessed in a double-blinded placebo-controlled trial to prevent infection with BV, C. trachomatis, and other genital infections. By studying the stigma associated with herpes and developing an intervention designed to produce more rational herpes-related decision making we are attempting to prevent acquisition of HSV. Determining the antimicrobial protective function of secretory leukocyte protease inhibitor (SI PI) will add to our knowledge understanding of the biologic interaction between T. vaginalis and HIV and other STDs; it also may lead to innovative vaginal microbicidal strategies. Determining the molecular mechanisms of gonococcal iron acquisition and the expression and immunogenicity of iron acquisition will provide information relevant to developing gonococcal vaccines based on the human transferrin-binding protein complex and pathogen-targeted antimicrobial interventions targeting the iron-acquisition mechanism of N. **gonorrhea**. This STD CRC proposal integrates clinical, epidemiological, behavioral and fundamental research into a collaborative effort by investigators from Ob/Gyn, Medicine, Infectious Diseases, Microbiology, Immunology, Behavioral Sciences and Epidemiology that addresses the disproportionate burden of the STD epidemic that affects women.

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- **Project Title: SPORTS AS PROTECTIVE OF GIRLS' HIGH-RISK SEXUAL BEHAVIOR**

Principal Investigator & Institution: Erkut, Sumru; Associate Director; None; Wellesley College 106 Central St # Ofc Wellesley, MA 02481

Timing: Fiscal Year 2001; Project Start 01-SEP-2000; Project End 31-MAY-2004

Summary: (Adapted from the applicant's abstract): This is a proposal to carry out secondary analyses of the National Longitudinal Study of Adolescent health (Add health) data set to examine the protective effects of sports involvement on adolescents' likelihood of engaging in high risk sexual behaviors. Risky sexual behaviors, in the context of this study, refer to self-reports of early, frequent, and unprotected sexual encounters which can result in unplanned pregnancies, childbearing, and increased

chances of contracting **sexually transmitted diseases** (STDs). The impetus for the study comes from recent finding that participation in sports is associated with lower risky sexual behaviors among adolescent girls but not boys. The significance of the problem addressed by the proposal rests not only in a socially desirable public health outcome (reduction of risky sexual behaviors) but also in the widespread availability of the probable solution (participation in sports). In other words, if we can elucidate the mechanisms whereby sports participation is associated with lower levels of risky sexual activity among different groups of adolescents, we will have provided the scientific basis for prevention efforts on a socially important issue for which the federal state, and local governments and social service agencies have already invested considerable resources. The specific aim of research is to test competing and complementary hypotheses formulated to explain how and for whom sports involvement has a protective effect on self-reported risky sexual behaviors. These hypotheses will be tested primarily in a structural equations modeling framework. This approach allows us to explicitly model measurement error and remove its effects from the relationships of interest. In addition, several systems of equations can be modeled simultaneously, allowing tests of pathways of influence and compare these pathways across multiple groups of individuals. In connection with explaining "how" sports participation can be conducive to low risky sexual behaviors, we will postulate mediating processes through which sports involvement influences sexual behavior. The end result of the proposed scope of work will be models that integrate the competing and complementary hypotheses to explain the observed relationship among sports participation and lower risky sexual behaviors. The models will incorporate individual differences, interpersonal and contextual processes that protect adolescents from the negative development outcomes associated with high-risk sexual activity.

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- **Project Title: STD-RELATED CARE SEEKING AMONG ADOLESCENTS IN BALTIMORE**

Principal Investigator & Institution: Cunningham, Shayna D.; International Health; Johns Hopkins University 3400 N Charles St Baltimore, MD 21218

Timing: Fiscal Year 2003; Project Start 01-JUN-2003; Project End 31-MAY-2007

Summary: (provided by applicant): Delay in seeking screening and obtaining treatment for **sexually transmitted diseases** (STDs) presents a significant public health problem. Individuals who delay medical care are more likely to transmit the infection to others, are at increased risk for HIV and have a greater probability of adverse sequelae. One of a few studies that examined adolescents' STD-related care seeking behavior revealed that symptomatic females delayed seeking STD-related care significantly longer than both asymptomatic females and symptomatic males. The objective of this study is to examine the individual, relational and environmental factors associated with STD-related care seeking behavior among young women ages 15-24 in Baltimore, Maryland. The specific aims are to: 1) explore the factors associated with young women's ability to detect symptoms and the terms they employ to describe these symptoms; 2) determine the types of actions young women typically take to address STD symptoms and the factors that influence young women's STD-related care seeking behavior; and 3) determine the factors that influence young women's decision to discuss STD symptoms and/or diagnoses with their sexual partners. Both qualitative and quantitative methods will be used to answer the study aims. For Aim 1, in-depth interviews will be held with female adolescents who are the partners of males who have tested positive for **gonorrhea** or chlamydia. For Aims 2 and 3, a longitudinal household based survey

among a representative sample of adolescents residing in Baltimore city, Maryland will be conducted. A greater understanding of these processes will assist program planners in the development of more effective prevention and control services.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: THE EVOLVING EPIDEMIOLOGY OF HIV/AIDS IN SOUTH AFRICA**

Principal Investigator & Institution: Abdool Karim, Quarraisha; University of Natal Durban 4041, South Africa Durban,

Timing: Fiscal Year 2002; Project Start 01-JAN-2002; Project End 31-DEC-2006

Description (provided by applicant): The HIV epidemic in South Africa has several distinctive features; "explosive" spread, predominance in women at younger ages, and very high prevalence with no sign of a 'saturation' plateau. As accompanying morbidity and now mortality rise, design of effective prevention and treatment calls for better understanding of the unfolding epidemiologic pattern. Community-level epidemiological, demographic and social data are necessary as the basis for assessing prevention and/or therapeutic approaches. We therefore propose to monitor epidemic trends in a rural community by gender, age and relevant social factors such as occupation and education at four levels: population rates of HIV prevalence and incidence; morbidity and health service impact; mortality; and the social/behavioral impact of AIDS mortality. HIV prevalence will be measured in patients attending antenatal, family planning, **sexually transmitted diseases** and tuberculosis clinics at two major health centers in a rural South Africa district. Each of these risk groups will be sampled for two months each year in order to obtain adequate numbers of or age-specific rates. The sensitive/less sensitive assay, which was recently validated with South African seroconvertors, will be used to determine the incidence rates in these groups. HIV-associated morbidity will be documented in clinic registers specifically devised for this purpose. These data will then elucidate the case mix at the clinics and provide an indication of the changing burden on AIDS in primary health care services. Data on deaths due to AIDS will be collected from several sources, including death certificates, cemetery records, undertaker records and from local traditional leaders. Trends in mortality and the changing age-specific mortality rates will be documented together with more detailed information obtained from verbal autopsies. Household members experiencing a death due to AIDS will be compared to household members experiencing a death due to any other cause, to determine if the AIDS death led to the adoption of HIV riskreducing behavior. Taken together these data will produce a comprehensive profile of the evolving HIV/AIDS epidemic in a rural community in South Africa.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: THE GENERALIZABILITY OF HIV RISK REDUCTION STRATEGIES**

Principal Investigator & Institution: Jemmott, John B.; Professor; None; University of Pennsylvania 3451 Walnut Street Philadelphia, PA 19104

Timing: Fiscal Year 2001; Project Start 30-SEP-1999; Project End 31-AUG-2004

Summary: (Adapted from Applicant's Description) A recent randomized controlled trial has demonstrated the efficacy of Be Proud! Be Responsible! abstinence-based and safer-sex curricula with young inner-city African American adolescents in Philadelphia, PA. The proposed research is designed to replicate and extend that study and to test the generalizability of the interventions across several dimensions, including ethnicity of participants (African American vs. Latino), ethnicity of facilitator (African American vs.

Latino), ethnic specificity of intervention (African American vs. Latino), and type of outcome measure (self-reported behavior vs. Clinically documented sexually transmitted diseases). The investigators will also extend previous findings by testing whether the intervention effects are sustained through a 36-month follow-up. They will randomly assign 756 6th and 7th grade African American and Latino adolescents from the Newark, NJ area to one of three interventions: an abstinence-based intervention that emphasizes the importance of delaying or curtailing sexual intercourse until an appropriate time later in life; a safer-sex intervention that stresses the importance of using condoms if they have sexual intercourse; and a general health intervention that serves as a control and is focused, not on AIDS and STD, but on other diseases, including heart disease, hypertension, and cancer that are affected by behavior. Orthogonal to this, they will randomly vary whether the facilitator is African American or Latino. In addition, they will randomize Latino participants to receive a Latino-adapted version of the interventions or the original interventions that were developed for African Americans. The primary outcome measures are self-reported frequency of unprotected sexual intercourse, sexual intercourse, and condom use. Secondary outcome measures include sexually transmitted infections based on ligase-chain reaction tests on urine specimens and theoretically relevant variables hypothesized to mediate intervention effects, including intentions, beliefs, and self-efficacy. Researchers blind to the participants' intervention condition will collect the data pre-intervention, immediately post-intervention and at 3-, 6- 12-, 24-, and 36-month follow-ups. Finally, the investigators will analyze the data using analyses of covariance, planned contrasts, multiple regression, and logistic regression. The results of this project will contribute to the scientific knowledge regarding the generalizability of HIV risk-reduction interventions found to be effective with young inner-city adolescents.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: THE UAB STD COOPERATIVE RESEARCH CENTER**

Principal Investigator & Institution: Hook, Edward W.; Medicine; University of Alabama at Birmingham Uab Station Birmingham, AL 35294

Timing: Fiscal Year 2001; Project Start 01-SEP-1995; Project End 31-AUG-2004

Summary: The University of Alabama at Birmingham (UAB) STD CTU is the product of over a decade of institutional prioritization of **sexually transmitted diseases** (STD), as both a research and public health priority. After three productive years made possible by partial funding of the UAB STD CRC by NIAID, this application builds on productive years made possible by partial funding of the UAB STD CRC by NIAID, this application builds on the increasing momentum of a still expanding interdisciplinary, public health-oriented STD research effort. Partners in the current proposal include basic scientists, clinicians, behavioral scientists, epidemiologists, and biostatisticians from two Schools (Medicine and Public Health) at UAB, the Jefferson County Department of Health, and two UAB-affiliated hospitals, The Children's Hospital of Alabama and The Cooper Green Hospital. The current application emphasizes efforts to translate cutting edge research methods into more effective interventions to reduce STD morbidity and sequelae with a strong focus (two of four projects) on adolescents, the population subgroup with the highest rates of STD acquisition. Utilizing two Cores (Biostatistical and Laboratory), the four main projects in this application include: a project to further characterize the origins and pathogenesis of bacterial vaginosis (BV), the most common cause of vaginal discharge in women, and the contribution of BV to modification of susceptibility for STD acquisition in women; an epidemiologic study of douching behavior in women and a behavioral intervention to reduce this behavior in

high risk women; a behavioral intervention to reduce bacterial STD transmission and complications by encouraging the large proportion (over 20%) of infected persons detected through STD screening who currently fail to do so to obtain their test results and to seek timely treatment using a newly developed interactive multimedia, computerized system which simultaneously provides an individualized intervention and collects data on the client; and a project which capitalizes on the potential screening opportunities providing by nucleic acid amplification tests for detection of gonococcal and chlamydial infections to reach high risk adolescents through the first randomized controlled trial of traditional partner notification via social- and sexual-network based urine screening for these infections.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: THE VISCOELASTICITY AND PROTEIN COMPOSITIONS OF CERVIX**

Principal Investigator & Institution: Lee, Chi H.; Pharmaceutical Sciences; University of Missouri Kansas City Kansas City, MO 64110

Timing: Fiscal Year 2000; Project Start 30-SEP-2000; Project End 31-AUG-2004

Summary: (adapted from the applicant's abstract): EDTA enhances the spermicidal activity of nonoxynol-9 (N9) in the presence of cervical mucus. Moreover, the combination of EDTA and N9 in cervical mucus appears to offer protection against **sexually transmitted diseases** including AIDS. To understand the fundamental basis of altered mucus receptivity to sperm, it is necessary to define the physical and biochemical changes associated with EDTA and N9 application to mucus. It is suggested the chelating action of EDTA alters the glycoprotein composition of cervical mucus. Correlations already exist between the levels of various mucin and protein components of mucus and viscoelasticity and sperm motility. It is suggested that EDTA may also affect such compositional changes physical properties and may also alter protein phosphorylation. In this proposal, the actions of EDTA on such parameters in cervical mucus will be examined.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: TOPICAL PROTEGRINS TO PREVENT STDS & HIV INFECTION**

Principal Investigator & Institution: Lehrer, Robert I.; Professor; Medicine; University of California Los Angeles 10920 Wilshire Blvd., Suite 1200 Los Angeles, CA 90024

Timing: Fiscal Year 2001; Project Start 01-MAR-1995; Project End 31-AUG-2004

Summary: Our primary goal is to design topical peptide microbicides that will prevent **sexually transmitted diseases** (STDs) and remedial bacterial vaginosis (BV). A central element of this program involves designing Lactobacillus- sparing protegrin peptides that can inactivate *C. trachomatis*, kill *C. albicans*, and eliminate organisms associated with BV (e.g., *Gardnerella*, *Mobiluncus*, *Prevotella*). These peptides will also be tested against HIV-1, herpes simplex virus and *Hemophilus ducrey* and *Neisseria gonorrhoeae* to identify those with broad-spectrum activity. The third project will analyze microbial mechanisms, especially efflux pumps, that allow gonococci to resist endogenous antimicrobial peptides such as LL-37. We will use this knowledge to identify and select protegrin variants that are poor substrates for such pumps. In the fourth project, we will delineate the endogenous antimicrobial polypeptides in vaginal secretions of normal women and subjects with BV. Characterizing the polypeptide effectors of innate resistance in normal vaginal secretions may illuminate the pathogenesis of various bacterial vaginitis/vaginosis syndromes. Protegrins remain the

primary focus of this aspect of research. These small beta-sheet peptides were originally isolated from porcine leukocytes their unusually broad antimicrobial spectrum includes the major STD pathogens. During the past four years, we synthesized over 160 protegrin variants and used them to define the structural elements required for activity against bacteria, *C. albicans* and HIV-1. Although PG-1, our lead molecule, is very active vaginal lactobacilli, we have constructed Lactobacillus-sparing protegrin variants that retain excellent activity against STD agents and BV-associated organisms. Further "fine-tuning" of these protegrin variants will allow us to identify peptides for future in vivo testing in appropriate models. Overall, these studies will facilitate the development of novel, peptide-containing topical microbicides specifically designed for vaginal use. Given the high prevalence of STDs and their serious personal and economic consequences, such topical microbicides are urgently needed.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: UAB INFECTIOUS DISEASES TRAINING GRANT**

Principal Investigator & Institution: Dismukes, William E.; Medicine; University of Alabama at Birmingham Uab Station Birmingham, AL 35294

Timing: Fiscal Year 2003; Project Start 01-AUG-2003; Project End 31-JUL-2008

Summary: (provided by applicant): This T32 training program proposal in Infectious Diseases (P.I., W.E. Dismukes) builds on the established strengths in basic and clinical research of the combined Adult and Pediatric Divisions of Infectious Diseases at the University of Alabama School of Medicine at Birmingham (UAB). Moreover, the track records of both Divisions in training MDs, graduate students and PhD post docs, are strong and sustained. Our proposal features opportunities for training experiences in six well established, well funded and nationally recognized research programs led by well funded, productive, and highly visible senior investigators/mentors. These programs and program leaders are: Virology- non-HIV (Britt, Whitley- Peds ID), Mycology (Dismukes -Adult ID), **Sexually Transmitted Diseases** (Hook, Schwebke- Adult), HIV/AIDS (Saag, Johnson- Adult), International (Vermund, Freedman - Adult), and Vaccines (Mulligan, Pass - Adult). Each of these programs centers on interdisciplinary fundamental and/or clinical research in high priority areas directly linked to current public needs. In addition, each program has been highly successful in obtaining core federal funding (primarily NIH and CDC) through investigator-initiated R01's and/or large program project, cooperative agreement and contract awards in response to federally mandated RFAs. Our training proposal seeks funding for one trainee in Year one and two trainees in Years two through five (one new trainee per Year, MD or MD/PhD). Programmatically, an effective interdisciplinary research experience will be implemented by incorporation of required coursework into each individual research plan formulated by the mentor and trainee. Trainees participation in the curriculum of the NIH K30 UAB Clinical Research Training Program will be required for those training in clinical research. Pursuit of an MPH will also be available. The overall performance and direction of the training program will be reviewed by the Program Director, Co-Directors and Research Advisory Committee on a semi-annual basis.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: UCONN CENTER FOR INTERDISCIPLINARY RESEARCH IN WOMEN'S H**

Principal Investigator & Institution: Reisine, Susan T.; Professor and Head; Behav Scis & Community Health; University of Connecticut Sch of Med/Dnt Bb20, Mc 2806 Farmington, CT 060302806

Timing: Fiscal Year 2001; Project Start 30-AUG-2000; Project End 31-JUL-2005

Summary: The Uconn Center for Interdisciplinary Research in Women's Health (IRWH) will coordinate and integrate the diverse research programs in women's health that now exist at the University of Connecticut Health Center, the School of Allied Health and the Women's Studies Program at the Storrs campus. The goal is to consolidate current efforts in women health research to train a cadre of junior investigators and to bring together investigators from basic, clinical and socio-behavioral research settings under one structure. Such a structure will substantially enhance women's health research at the University of Connecticut. The proposed program draws on research strengths in bone and skeletal biology; the addictions and mental health; reproductive health and **sexually transmitted diseases**; and gender roles. Faculty mentors have been identified in the basic, clinical and socio- behavioral sciences to provide research-intensive experience in these areas of concentration. There are a number of distinctive features: 1) Strong leadership that draws on expertise in gender, mentored training and established research programs; 2) An established Women's Studies Program; 3) A nurturing environment for developing faculty; 4) Excellent existing research training programs, including the MD/PhD and DMD/PhD programs; graduate training program in the Biomedical Sciences; the Clinical Research Curriculum sponsored by the General Clinical Research Center (GCRC); the Uconn Center on Aging clinical research training program as part of its Geriatrics Fellowship; Master of Public Health Programs; Master of Dental Science; the Department of Psychiatry postdoctoral program in addiction research, 5) Planned expansion of the research infrastructure through the Strategic Plan for Research. The training program will consist of a Core Enrichment Experience in Women's Health and three training tracks. The Core includes a monthly journal club, a seminar series in women's health, annual conferences on women's health and the GCRC Clinical Research Course, which addresses responsible conduct of research. Training Tracks include Experienced Investigator, Scholar with Limited Research Experience; and Degree Track. IRWH Scholars will meet quarterly with IRWH program directors and will be evaluated bi-annually by their assigned mentors to monitor progress in the training program.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- Project Title: UNIVERSITY OF CALIFORNIA, BERKELEY (UCB)/UNIVERSITY OF ***

Principal Investigator & Institution: Reingold, Arthur L.; Professor & Head of Epidemiology; None; University of California Berkeley Berkeley, CA 94720

Timing: Fiscal Year 2003; Project Start 30-SEP-1998; Project End 31-MAY-2008

Summary: (provided by applicant): The proposed training program will provide multi-disciplinary training to physicians, dentists, pharmacists, scientists, and support personnel from selected developing countries in research methods relevant to epidemiological and behavioral studies related to AIDS, HIV transmission, interventions designed to prevent AIDS/HIV transmission, and treatment to prevent or delay morbidity and mortality in HIV-infected persons. Working with collaborators in each participating country, we will identify training needs and set priorities for further training in support of high priority research. Highest priority will be given to providing multi-disciplinary training to individuals who are or will be involved in collaborative research projects designed to prevent sexual transmission of HIV via treatment of other **sexually transmitted diseases** and behavioral or structural interventions; projects designed to test the efficacy of new HIV vaccines; research projects examining how best to use anti-retroviral drug regimens to treat HIV-infected persons and monitor outcomes in resource constrained settings; and projects aimed at improving the

prevention and the treatment of tuberculosis and other opportunistic conditions in HIV-infected individuals. Training will be available in a variety of areas, including: planning, managing, and analyzing data from AIDS-related clinical trials and HIV vaccine trials; all aspects of epidemiological and behavioral research relevant to AIDS, HIV transmission, **sexually transmitted diseases** and tuberculosis, including study design, data collection, data management, and data analysis; all aspects of virology, immunology, serology, and other diagnostic methods related to AIDS/HIV; all aspects of clinical microbiology related to **sexually transmitted diseases**, tuberculosis, and other opportunistic infections; and the ethical issues involved in human research in general, and AIDS-related research in other countries in particular. Training will occur both at the participating institutions in the U.S. and in the participating countries. Training in the U.S. will focus on masters and doctoral degree programs that provide multi-disciplinary training in epidemiology, bio-statistics, and behavioral sciences; long term laboratory training; and medium term training in clinical trials/intervention research. Trainees will work under the close supervision of a multi-disciplinary team of mentors to gain hands on experience in AIDS-related intervention research. Training in the participating countries will focus on having trainees work under the close supervision of our former trainees, other collaborating scientists, and U.S. faculty resident in country for varying periods of time. In all instances in which U.S. faculty are assigned to be in country for training and supervision of trainees they will be situated in host institutions conducting high quality, ongoing collaborative AIDS research, particularly research dealing with behavioral and structural interventions designed to prevent transmission of HIV; HIV vaccine trials; and clinical trials of drugs given to treat HIV infection and AIDS, including anti-retroviral drug regimens.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: ZAMBIA/US RESEARCH PARTNERSHIP IN HIV PREVENTION**

Principal Investigator & Institution: Jones, Deborah L.; Psychology; Barry University
11300 Ne 2Nd Ave Miami, FL 33161

Timing: Fiscal Year 2002; Project Start 27-SEP-2002; Project End 31-AUG-2007

Summary: (provided by applicant): The proposed Research Development and Training Program (RDTP) is designed to provide the necessary research infrastructure within the rich multidisciplinary, multicultural environment of the University of Zambia School of Medicine/University Teaching Hospital to encourage new and experienced investigators to pool their respective expertise and ideas to create and sustain a quality biobehavioral research program in HIV/AIDS prevention. The proposed RDTP will consist of seven components (1) Scientific Review, (2) Mentorship, (3) Laboratory Resources, (4) Data Management/Analytic Methods, (5) Assessment/Intervention Strategies, (6) Dissemination, and (7) Training Coordination. An NIH-style internal peer review system (Scientific Review) will critique innovative pilot/feasibility study applications from new investigators and their mentors. New investigators will receive formal mentorship from senior investigators through the RDTP's Mentorship component as well as modest research funding to conduct pilot studies in preparation for applying for independent support. Access to technical assistance will be provided in collaboration with the Assessment/Intervention Strategies, and Laboratory and Data Management/Analytic Methods components. The RDTP will also establish links with NIH funded research programs in Zambia. In conjunction with the preparation of this Research Infrastructure application, a model sexual risk reduction research application has been developed to address HIV prevention. "Safer Sex, Reproductive Choice and Partner Participation" proposes a theory-based behavioral intervention designed to

reduce high-risk sexual behavior among HIV- (primary prevention) and HIV+ men and women (transmission reduction and prevention of HIV re-infection and infection with other **sexually transmitted diseases** [STDs]). Recruiting post-Voluntary Counseling and Testing (VCT) participants for the study, the research program will assess the impact of several models of partner participation on high-risk sexual behaviors for both HIV+ and HIV- men and women. Successful elements from this behavioral intervention will be offered through the RDTP Dissemination component for training and implementation in VCT programs throughout Zambia.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

E-Journals: PubMed Central³

PubMed Central (PMC) is a digital archive of life sciences journal literature developed and managed by the National Center for Biotechnology Information (NCBI) at the U.S. National Library of Medicine (NLM).⁴ Access to this growing archive of e-journals is free and unrestricted.⁵ To search, go to <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Pmc>, and type “sexually transmitted diseases” (or synonyms) into the search box. This search gives you access to full-text articles. The following is a sample of items found for sexually transmitted diseases in the PubMed Central database:

- **Amplified Fragment Length Polymorphism Fingerprinting for Identification of a Core Group of Neisseria gonorrhoeae Transmitters in the Population Attending a Clinic for Treatment of Sexually Transmitted Diseases in Amsterdam, The Netherlands.** by Spaargaren J, Stoof J, Fennema H, Coutinho R, Savelkoul P. 2001 Jun; <http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=88139>
- **Bile Salts: Natural Detergents for the Prevention of Sexually Transmitted Diseases.** by Herold BC, Kirkpatrick R, Marcellino D, Travelstead A, Pilipenko V, Krasa H, Bremer J, Dong LJ, Cooper MD. 1999 Apr; <http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=89201>
- **Characterization of Chlamydia trachomatis omp1 Genotypes among Sexually Transmitted Disease Patients in Sweden.** by Jurstrand M, Falk L, Fredlund H, Lindberg M, Olcen P, Andersson S, Persson K, Albert J, Backman A. 2001 Nov; <http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=88464>
- **Community based study of treatment seeking among subjects with symptoms of sexually transmitted disease in rural Uganda.** by Paxton LA, Kiwanuka N, Nalugoda F, Gray R, Wawer MJ. 1998 Dec 12; <http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=28741>

³ Adapted from the National Library of Medicine: <http://www.pubmedcentral.nih.gov/about/intro.html>.

⁴ With PubMed Central, NCBI is taking the lead in preservation and maintenance of open access to electronic literature, just as NLM has done for decades with printed biomedical literature. PubMed Central aims to become a world-class library of the digital age.

⁵ The value of PubMed Central, in addition to its role as an archive, lies in the availability of data from diverse sources stored in a common format in a single repository. Many journals already have online publishing operations, and there is a growing tendency to publish material online only, to the exclusion of print.

- **Comparative Evaluation of Nine Different Enzyme-Linked Immunosorbent Assays for Determination of Antibodies against *Treponema pallidum* in Patients with Primary Syphilis.** by Schmidt BL, Edjlalipour M, Luger A. 2000 Mar;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=88607>
- **Comparison between the LCx Probe System and the COBAS AMPLICOR System for Detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* Infections in Patients Attending a Clinic for Treatment of Sexually Transmitted Diseases in Amsterdam, The Netherlands.** by van Doornum GJ, Schouls LM, Pijl A, Cairo I, Buimer M, Bruisten S. 2001 Mar;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=87837>
- **Correlation between Pretreatment Levels of Interferon Response Genes and Clinical Responses to an Immune Response Modifier (Imiquimod) in Genital Warts.** by Arany I, Tyring SK, Brysk MM, Stanley MA, Tomai MA, Miller RL, Smith MH, McDermott DJ, Slade HB. 2000 Jul;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=89977>
- **Diagnosing Genital Ulcer Disease in a Clinic for Sexually Transmitted Diseases in Amsterdam, The Netherlands.** by Bruisten SM, Cairo I, Fennema H, Pijl A, Buimer M, Peerbooms PG, Van Dyck E, Meijer A, Ossewaarde JM, van Doornum GJ. 2001 Feb;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=87783>
- **Effect of Changes in Human Ecology and Behavior on Patterns of Sexually Transmitted Diseases, Including Human Immunodeficiency Virus Infection.** by Wasserheit JN. 1994 Mar 29;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=abstract&artid=43384>
- **Evaluation of the Abbott LCx Ligase Chain Reaction Assay for Detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* in Urine and Genital Swab Specimens from a Sexually Transmitted Disease Clinic Population.** by Carroll KC, Aldeen WE, Morrison M, Anderson R, Lee D, Mottice S. 1998 Jun;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=104891>
- **Identification of Persistent Infection in Experimental Syphilis by PCR.** by Wicher K, Abbruscato F, Wicher V, Collins DN, Auger I, Horowitz HW. 1998 Jun;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=108231>
- **Imiquimod, a Patient-Applied Immune-Response Modifier for Treatment of External Genital Warts.** by Beutner KR, Tyring SK, Trofatter KF Jr, Douglas JM Jr, Spruance S, Owens ML, Fox TL, Hougham AJ, Schmitt KA. 1998 Apr;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=105543>
- **Laboratory diagnosis and interpretation of tests for syphilis..** by Larsen SA, Steiner BM, Rudolph AH. 1995 Jan;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=172846>

- **Lesions of primary and secondary syphilis contain activated cytolytic T cells..** by van Voorhis WC, Barrett LK, Nasio JM, Plummer FA, Lukehart SA. 1996 Mar;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=173879>
- **Modeling dynamic and network heterogeneities in the spread of sexually transmitted diseases.** by Eames KT, Keeling MJ. 2002 Oct 1;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=130633>
- **Performance of the Gen-Probe AMPLIFIED Chlamydia Trachomatis Assay in Detecting Chlamydia trachomatis in Endocervical and Urine Specimens from Women and Urethral and Urine Specimens from Men Attending Sexually Transmitted Disease and Family Planning Clinics.** by Ferrero DV, Meyers HN, Schultz DE, Willis SA. 1998 Nov;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=105306>
- **Sulfated carbohydrate compounds prevent microbial adherence by sexually transmitted disease pathogens..** by Herold BC, Siston A, Bremer J, Kirkpatrick R, Wilbanks G, Fugedi P, Peto C, Cooper M. 1997 Dec;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=164209>
- **Syphilis Fast Latex Agglutination Test, a Rapid Confirmatory Test.** by Fears MB, Pope V. 2001 Jul;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=96155>
- **Syphilis in pregnant women and their children in the United Kingdom: results from national clinician reporting surveys 1994-7.** by Hurtig AK, Nicoll A, Carne C, Lissauer T, Connor N, Webster JP, Ratcliffe L. 1998 Dec 12;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=28738>
- **Syphilis: Have we dropped the ball?** by Weir E, Fishman D. 2002 Nov 26;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=134140>
- **Syphilis: Review with Emphasis on Clinical, Epidemiologic, and Some Biologic Features.** by Singh AE, Romanowski B. 1999 Apr;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=88914>
- **The cost-effectiveness of the WINGS intervention: a program to prevent HIV and sexually transmitted diseases among high-risk urban women.** by Chesson HW, Greenberg JB, Hennessy M. 2002;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=134456>
- **Thermoreversible Gel Formulations Containing Sodium Lauryl Sulfate or n-Lauroylsarcosine as Potential Topical Microbicides against Sexually Transmitted Diseases.** by Roy S, Gourde P, Piret J, Desormeaux A, Lamontagne J, Haineault C, Omar RF, Bergeron MG. 2001 Jun;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=90530>

The National Library of Medicine: PubMed

One of the quickest and most comprehensive ways to find academic studies in both English and other languages is to use PubMed, maintained by the National Library of Medicine.⁶ The advantage of PubMed over previously mentioned sources is that it covers a greater number of domestic and foreign references. It is also free to use. If the publisher has a Web site that offers full text of its journals, PubMed will provide links to that site, as well as to sites offering other related data. User registration, a subscription fee, or some other type of fee may be required to access the full text of articles in some journals.

To generate your own bibliography of studies dealing with sexually transmitted diseases, simply go to the PubMed Web site at <http://www.ncbi.nlm.nih.gov/pubmed>. Type "sexually transmitted diseases" (or synonyms) into the search box, and click "Go." The following is the type of output you can expect from PubMed for "sexually transmitted diseases" (hyperlinks lead to article summaries):

- **"Inactive" polymer is active against sexually transmitted diseases.**
 Author(s): Larkin M.
 Source: Lancet. 1999 July 31; 354(9176): 399.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10437880&dopt=Abstract
- **1989 sexually transmitted diseases treatment guidelines. Introduction.**
 Author(s): Zenilman JM, Cates W Jr.
 Source: Reviews of Infectious Diseases. 1990 July-August; 12 Suppl 6: S577-9. Review.
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CHAPTER 2. NUTRITION AND SEXUALLY TRANSMITTED DISEASES

Overview

In this chapter, we will show you how to find studies dedicated specifically to nutrition and sexually transmitted diseases.

Finding Nutrition Studies on Sexually Transmitted Diseases

The National Institutes of Health's Office of Dietary Supplements (ODS) offers a searchable bibliographic database called the IBIDS (International Bibliographic Information on Dietary Supplements; National Institutes of Health, Building 31, Room 1B29, 31 Center Drive, MSC 2086, Bethesda, Maryland 20892-2086, Tel: 301-435-2920, Fax: 301-480-1845, E-mail: ods@nih.gov). The IBIDS contains over 460,000 scientific citations and summaries about dietary supplements and nutrition as well as references to published international, scientific literature on dietary supplements such as vitamins, minerals, and botanicals.⁷ The IBIDS includes references and citations to both human and animal research studies.

As a service of the ODS, access to the IBIDS database is available free of charge at the following Web address: <http://ods.od.nih.gov/databases/ibids.html>. After entering the search area, you have three choices: (1) IBIDS Consumer Database, (2) Full IBIDS Database, or (3) Peer Reviewed Citations Only.

Now that you have selected a database, click on the "Advanced" tab. An advanced search allows you to retrieve up to 100 fully explained references in a comprehensive format. Type "sexually transmitted diseases" (or synonyms) into the search box, and click "Go." To narrow the search, you can also select the "Title" field.

⁷ Adapted from <http://ods.od.nih.gov>. IBIDS is produced by the Office of Dietary Supplements (ODS) at the National Institutes of Health to assist the public, healthcare providers, educators, and researchers in locating credible, scientific information on dietary supplements. IBIDS was developed and will be maintained through an interagency partnership with the Food and Nutrition Information Center of the National Agricultural Library, U.S. Department of Agriculture.

The following information is typical of that found when using the "Full IBIDS Database" to search for "sexually transmitted diseases" (or a synonym):

- **"Shopping" for sexually transmitted disease treatment: focus group discussions among lay persons in rural and urban Zambia.**
 Author(s): Department of Post Basic Nursing, School of Medicine, University of Zambia, Lusaka.
 Source: Ndulo, J Faxelid, E Tishelman, C Krantz, I Sex-Transm-Dis. 2000 October; 27(9): 496-503 0148-5717
- **An ethnobotanical study of plants used for the treatment of sexually transmitted diseases (njovhera) in Guruve District, Zimbabwe.**
 Author(s): Department of Botany, University of Fort Hare, Alice 5700, South Africa.
 Source: Kambizi, L Afolayan, A J J-Ethnopharmacol. 2001 September; 77(1): 5-9 0378-8741
- **Anogenital warts in patients attending the sexually transmitted diseases clinic in Ibadan, Nigeria.**
 Author(s): Special Treatment Clinic, University College Hospital, Ibadan, Nigeria.
 Source: Ekweozor, C C Adeyemi Doro, F A Ashiru, J O Osoba, A O Afr-J-Med-Med-Sci. 1994 December; 23(4): 311-4 0309-3913
- **Anogenital warts: epidemiology, treatment and association with cervical atypia.**
 Source: Dinsmore, W W Horner, T Chambers, H Maw, R D Ulster-Med-J. 1987 October; 56(2): 104-8 0041-6193
- **Audits of the treatment of genital warts: closing the feedback loop.**
 Author(s): Department of Genitourinary Medicine, Leeds General Infirmary, UK.
 Source: Reynolds, M Fraser, P A Lacey, C J Int-J-STD-AIDS. 1996 Aug-September; 7(5): 347-52 0956-4624
- **Control of sexually transmitted diseases for AIDS prevention in Uganda: a randomised community trial. Rakai Project Study Group.**
 Author(s): Centre for Population and Family Health, Columbia University School of Public Health, New York 10032, USA.
 Source: Wawer, M J Sewankambo, N K Serwadda, D Quinn, T C Paxton, L A Kiwanuka, N Wabwire Mangen, F Li, C Lutalo, T Nalugoda, F Gaydos, C A Moulton, L H Meehan, M O Ahmed, S Gray, R H Lancet. 1999 February 13; 353(9152): 525-35 0140-6736
- **Design of a "microbicide" for prevention of sexually transmitted diseases using "inactive" pharmaceutical excipients.**
 Author(s): The New York Blood Center, 310 E. 67th St, New York, NY, 10021, USA.
 Source: Neurath, A R Strick, N Li, Y Y Lin, K Jiang, S Biologicals. 1999 March; 27(1): 11-21 1045-1056
- **Health-seeking behaviour of patients with sexually transmitted diseases in Zambia.**
 Author(s): Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden.
 Source: Faxelid, E Ahlberg, B M Ndulo, J Krantz, I East-Afr-Med-J. 1998 April; 75(4): 232-6 0012-835X
- **Herbal medicines for sexually transmitted diseases and AIDS.**
 Source: Vermani, K. Garg, S. J-ethnopharmacol. Oxford : Elsevier Science Ltd. April 2002. volume 80 (1) page 49-66. 0378-8741

- **Knowledge, awareness and perception of sexually transmitted diseases (STDs) among Nigerian adolescent girls.**
Author(s): Department of Obstetrics and Gynaecology, Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria.
Source: Obiechina, N J Diwe, K Ikpeze, O C J-Obstet-Gynaecol. 2002 May; 22(3): 302-5 0144-3615
- **Local studies address a previously hidden sexually transmitted disease: human papillomavirus and cervical neoplasia.**
Source: Goodman, M T Hawaii-Med-J. 2001 September; 60(9): 236-8 0017-8594
- **National guideline for the management of molluscum contagiosum. Clinical Effectiveness Group (Association of Genitourinary Medicine and the Medical Society for the Study of Venereal Diseases).**
Source: Anonymous Sex-Transm-Infect. 1999 August; 75 Suppl 1S80-1 1368-4973
- **National guideline for the management of Phthirus pubis infestation. Clinical Effectiveness Group (Association of Genitourinary Medicine and the Medical Society for the Study of Venereal Diseases).**
Source: Anonymous Sex-Transm-Infect. 1999 August; 75 Suppl 1S78-9 1368-4973
- **National guideline for the management of scabies. Clinical Effectiveness Group (Association of Genitourinary Medicine and the Medical Society for the Study of Venereal Diseases).**
Source: Anonymous Sex-Transm-Infect. 1999 August; 75 Suppl 1S76-7 1368-4973
- **Prevalence of human papilloma virus genital infections in sexually transmitted diseases clinic attendees in Ibadan.**
Author(s): Department of Medical Microbiology and Parasitology, UCH, Ibadan.
Source: Okesola, A O Fawole, O I West-Afr-J-Med. 2000 Jul-September; 19(3): 195-9 0189-160X
- **Randomized trial of presumptive sexually transmitted disease therapy during pregnancy in Rakai, Uganda.**
Author(s): Department of Population and Family Health Sciences, The Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Md 21205, USA. rgray@jhsphe.edu
Source: Gray, R H Wabwire Mangen, F Kigozi, G Sewankambo, N K Serwadda, D Moulton, L H Quinn, T C O'Brien, K L Meehan, M Abramowsky, C Robb, M Wawer, M J Am-J-Obstet-Gynecol. 2001 November; 185(5): 1209-17 0002-9378
- **Sexually transmitted disease, ethnomedicine and health policy in Africa.**
Source: Green, E C Soc-Sci-Med. 1992 July; 35(2): 121-30 0277-9536
- **Sketches from The Lancet. Venereal diseases.**
Source: Kandela, P Lancet. 1999 January 30; 353(9150): 419 0140-6736
- **The anthropology of sexually transmitted disease in Liberia.**
Source: Green, E C Soc-Sci-Med. 1992 December; 35(12): 1457-68 0277-9536
- **The epidemiology and treatment of anogenital warts in Singapore: a retrospective evaluation.**
Author(s): National Skin Centre, 1 Mandalay Road, Singapore 308205.
Source: Chan, Y C Ng, K Y Chan, R K Ann-Acad-Med-Singapore. 2002 July; 31(4): 502-8 0304-4602

- **The spa and sexually transmitted diseases.**
 Author(s): Department of Genito-Urinary Medicine, St. James's Hospital, Dublin, Ireland.
 Source: Freedman, D Waugh, M A Clin-Dermatol. 1996 Nov-December; 14(6): 577-82 0738-081X
- **Thermoreversible gel formulations containing sodium lauryl sulfate or n-Lauroylsarcosine as potential topical microbicides against sexually transmitted diseases.**
 Author(s): Centre de Recherche en Infectiologie, Universite Laval, Quebec, Quebec, Canada.
 Source: Roy, S Gourde, P Piret, J Desormeaux, A Lamontagne, J Haineault, C OMarch, R F Bergeron, M G Antimicrob-Agents-Chemother. 2001 June; 45(6): 1671-81 0066-4804
- **Traditional healers as a source of information and advice for people with sexually transmitted diseases in rural Zambia.**
 Author(s): Institute of Economic and Social Research (formerly Institute of African Studies), University of Zambia, Lusaka, Zambia. staff-ihcar@phs.ki.se
 Source: Ndubani, P Hojer, B Trop-DOctober. 1999 January; 29(1): 36-8 0049-4755

Federal Resources on Nutrition

In addition to the IBIDS, the United States Department of Health and Human Services (HHS) and the United States Department of Agriculture (USDA) provide many sources of information on general nutrition and health. Recommended resources include:

- healthfinder®, HHS's gateway to health information, including diet and nutrition: <http://www.healthfinder.gov/scripts/SearchContext.asp?topic=238&page=0>
- The United States Department of Agriculture's Web site dedicated to nutrition information: www.nutrition.gov
- The Food and Drug Administration's Web site for federal food safety information: www.foodsafety.gov
- The National Action Plan on Overweight and Obesity sponsored by the United States Surgeon General: <http://www.surgeongeneral.gov/topics/obesity/>
- The Center for Food Safety and Applied Nutrition has an Internet site sponsored by the Food and Drug Administration and the Department of Health and Human Services: <http://vm.cfsan.fda.gov/>
- Center for Nutrition Policy and Promotion sponsored by the United States Department of Agriculture: <http://www.usda.gov/cnpp/>
- Food and Nutrition Information Center, National Agricultural Library sponsored by the United States Department of Agriculture: <http://www.nal.usda.gov/fnic/>
- Food and Nutrition Service sponsored by the United States Department of Agriculture: <http://www.fns.usda.gov/fns/>

Additional Web Resources

A number of additional Web sites offer encyclopedic information covering food and nutrition. The following is a representative sample:

- AOL: <http://search.aol.com/cat.adp?id=174&layer=&from=subcats>
- Family Village: http://www.familyvillage.wisc.edu/med_nutrition.html
- Google: <http://directory.google.com/Top/Health/Nutrition/>
- Healthnotes: <http://www.healthnotes.com/>
- Open Directory Project: <http://dmoz.org/Health/Nutrition/>
- Yahoo.com: <http://dir.yahoo.com/Health/Nutrition/>
- WebMD®Health: <http://my.webmd.com/nutrition>
- WholeHealthMD.com: <http://www.wholehealthmd.com/reflib/0,1529,,00.html>

The following is a specific Web list relating to sexually transmitted diseases; please note that any particular subject below may indicate either a therapeutic use, or a contraindication (potential danger), and does not reflect an official recommendation (some Web sites are subscription based):

- **Food and Diet**

Burdock

Source: Prima Communications, Inc. www.personalhealthzone.com

CHAPTER 3. ALTERNATIVE MEDICINE AND SEXUALLY TRANSMITTED DISEASES

Overview

In this chapter, we will begin by introducing you to official information sources on complementary and alternative medicine (CAM) relating to sexually transmitted diseases. At the conclusion of this chapter, we will provide additional sources.

National Center for Complementary and Alternative Medicine

The National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health (<http://nccam.nih.gov/>) has created a link to the National Library of Medicine's databases to facilitate research for articles that specifically relate to sexually transmitted diseases and complementary medicine. To search the database, go to the following Web site: <http://www.nlm.nih.gov/nccam/camonpubmed.html>. Select "CAM on PubMed." Enter "sexually transmitted diseases" (or synonyms) into the search box. Click "Go." The following references provide information on particular aspects of complementary and alternative medicine that are related to sexually transmitted diseases:

- **"Alternative" treatment activism.**
 Author(s): Greenberg J.
 Source: Gmhc Treat Issues. 2003 June; 17(6): 5-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12913960&dopt=Abstract
- **"Why me and not my neighbour?" HIV/AIDS care and counselling in a traditional African context.**
 Author(s): van Dyk AC.
 Source: Curationis. 2001 August; 24(3): 4-11.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11971602&dopt=Abstract

- **Adolescent behavior and sexually transmitted diseases: the dilemma of human papillomavirus.**
 Author(s): Cothran MM, White JP.
 Source: Health Care for Women International. 2002 April-May; 23(3): 306-19. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12003506&dopt=Abstract
- **Evaluation of a video based health education strategy to improve sexually transmitted disease partner notification in South Africa.**
 Author(s): Mathews C, Guttmacher SJ, Coetzee N, Magwaza S, Stein J, Lombard C, Goldstein S, Coetzee D.
 Source: Sexually Transmitted Infections. 2002 February; 78(1): 53-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11872861&dopt=Abstract
- **External genital warts: diagnosis, treatment, and prevention.**
 Author(s): Wiley DJ, Douglas J, Beutner K, Cox T, Fife K, Moscicki AB, Fukumoto L.
 Source: Clinical Infectious Diseases : an Official Publication of the Infectious Diseases Society of America. 2002 October 15; 35(Suppl 2): S210-24.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12353208&dopt=Abstract
- **Fuzzy-trace theory, risk communication, and product labeling in sexually transmitted diseases.**
 Author(s): Reyna VF, Adam MB.
 Source: Risk Analysis : an Official Publication of the Society for Risk Analysis. 2003 April; 23(2): 325-42.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12731817&dopt=Abstract
- **Herbal medicines for sexually transmitted diseases and AIDS.**
 Author(s): Vermani K, Garg S.
 Source: Journal of Ethnopharmacology. 2002 April; 80(1): 49-66. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11891087&dopt=Abstract
- **J'ai vu une femme publique'. Sexuality, venereal disease and homoeopathy in nineteenth-century Ghent: the tale of the patient.**
 Author(s): van Baal AH.
 Source: Med Ges Gesch. 2001; 20: 179-96.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12360987&dopt=Abstract
- **Knowledge, awareness and perception of sexually transmitted diseases (STDs) among antenatal patients at Nnewi, Nigeria.**
 Author(s): J A Obiechina O B Nwosu C I Okafor O C Ikpeze N.

Source: Journal of Obstetrics and Gynaecology : the Journal of the Institute of Obstetrics and Gynaecology. 2001; 21(3): 292-294.

http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12521863&dopt=Abstract

- **Knowledge, awareness and perception of sexually transmitted diseases (STDs) among Nigerian adolescent girls.**

Author(s): Obiechina NJ, Diwe K, Ikpeze OC.

Source: Journal of Obstetrics and Gynaecology : the Journal of the Institute of Obstetrics and Gynaecology. 2002 May; 22(3): 302-5.

http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12521506&dopt=Abstract

- **Prevalences of and risk factors for sexually transmitted diseases among Japanese female commercial sex workers in middle- and high-class soaplands in Japan.**

Author(s): Miyazaki M, Takagi S, Kato M, Une H.

Source: International Journal of Std & Aids. 2002 December; 13(12): 833-8.

http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12537737&dopt=Abstract

- **Rabbit syphilis diagnosed clinically in household rabbits.**

Author(s): Saito K, Tagawa M, Hasegawa A.

Source: The Journal of Veterinary Medical Science / the Japanese Society of Veterinary Science. 2003 May; 65(5): 637-9.

http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12808219&dopt=Abstract

- **Randomised controlled trial and economic evaluation of podophyllotoxin solution, podophyllotoxin cream, and podophyllin in the treatment of genital warts.**

Author(s): Lacey CJ, Goodall RL, Tennvall GR, Maw R, Kinghorn GR, Fisk PG, Barton S, Byren I; Perstop Pharma Genital Warts Clinical Trial Group.

Source: Sexually Transmitted Infections. 2003 August; 79(4): 270-5.

http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12902571&dopt=Abstract

- **Temporal associations between depressive symptoms and self-reported sexually transmitted disease among adolescents.**

Author(s): Shrier LA, Harris SK, Beardslee WR.

Source: Archives of Pediatrics & Adolescent Medicine. 2002 June; 156(6): 599-606.

http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12038894&dopt=Abstract

- **The epidemiology and treatment of anogenital warts in Singapore: a retrospective evaluation.**

Author(s): Chan YC, Ng KY, Chan RK.

Source: Ann Acad Med Singapore. 2002 July; 31(4): 502-8.

http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12161888&dopt=Abstract

- **The treatment of anogenital warts at home.**
 Author(s): Pleavin M.
 Source: Nurs Times. 2001 February 8-14; 97(6): 37-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11954248&dopt=Abstract
- **Traditional healers and the management of sexually transmitted diseases in Nairobi, Kenya.**
 Author(s): Kusimba J, Voeten HA, O'Hara HB, Otiido JM, Habbema JD, Ndinya-Achola JO, Bwayo JJ.
 Source: International Journal of Std & Aids. 2003 March; 14(3): 197-201.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12665444&dopt=Abstract
- **What is the most effective treatment for external genital warts?**
 Author(s): French L, Nashelsky J, White D.
 Source: The Journal of Family Practice. 2002 April; 51(4): 313.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11978251&dopt=Abstract

Additional Web Resources

A number of additional Web sites offer encyclopedic information covering CAM and related topics. The following is a representative sample:

- Alternative Medicine Foundation, Inc.: <http://www.herbmed.org/>
- AOL: <http://search.aol.com/cat.adp?id=169&layer=&from=subcats>
- Chinese Medicine: <http://www.newcenturynutrition.com/>
- drkoop.com[®]: <http://www.drkoop.com/InteractiveMedicine/IndexC.html>
- Family Village: http://www.familyvillage.wisc.edu/med_altn.htm
- Google: <http://directory.google.com/Top/Health/Alternative/>
- Healthnotes: <http://www.healthnotes.com/>
- MedWebPlus:
http://medwebplus.com/subject/Alternative_and_Complementary_Medicine
- Open Directory Project: <http://dmoz.org/Health/Alternative/>
- HealthGate: <http://www.tnp.com/>
- WebMD[®]Health: http://my.webmd.com/drugs_and_herbs
- WholeHealthMD.com: <http://www.wholehealthmd.com/reflib/0,1529,,00.html>
- Yahoo.com: http://dir.yahoo.com/Health/Alternative_Medicine/

The following is a specific Web list relating to sexually transmitted diseases; please note that any particular subject below may indicate either a therapeutic use, or a contraindication

(potential danger), and does not reflect an official recommendation (some Web sites are subscription based):

- **General Overview**

AIDS and HIV

Source: Integrative Medicine Communications; www.drkoop.com

Cervical Dysplasia

Source: Integrative Medicine Communications; www.drkoop.com

Cold Sores

Source: Integrative Medicine Communications; www.drkoop.com

Genital Herpes

Source: Healthnotes, Inc. www.healthnotes.com

Herpes Simplex Virus

Source: Integrative Medicine Communications; www.drkoop.com

HIV and AIDS

Source: Integrative Medicine Communications; www.drkoop.com

Incontinence, Urinary

Source: Integrative Medicine Communications; www.drkoop.com

Lupus

Source: Integrative Medicine Communications; www.drkoop.com

Ménière's Disease

Source: Healthnotes, Inc. www.healthnotes.com

Miscarriage

Source: Integrative Medicine Communications; www.drkoop.com

Pap Smear, Abnormal

Source: Integrative Medicine Communications; www.drkoop.com

Pelvic Inflammatory Disease

Source: Integrative Medicine Communications; www.drkoop.com

Pharyngitis

Source: Integrative Medicine Communications; www.drkoop.com

Proctitis

Source: Integrative Medicine Communications; www.drkoop.com

Prostate Infection

Source: Integrative Medicine Communications; www.drkoop.com

Prostatitis

Source: Integrative Medicine Communications; www.drkoop.com

Rectal Inflammation

Source: Integrative Medicine Communications; www.drkoop.com

Reiter's Syndrome

Source: Integrative Medicine Communications; www.drkoop.com

Sexually Transmitted Diseases

Source: Integrative Medicine Communications; www.drkoop.com

Sore Throat

Source: Integrative Medicine Communications; www.drkoop.com

Spontaneous Abortion

Source: Integrative Medicine Communications; www.drkoop.com

STDs

Source: Integrative Medicine Communications; www.drkoop.com

Systemic Lupus Erythematosus

Source: Integrative Medicine Communications; www.drkoop.com

Throat, Sore

Source: Integrative Medicine Communications; www.drkoop.com

Urethral Inflammation

Source: Integrative Medicine Communications; www.drkoop.com

Urethritis

Source: Integrative Medicine Communications; www.drkoop.com

Urinary Incontinence

Source: Integrative Medicine Communications; www.drkoop.com

Urinary Tract Infection in Women

Source: Integrative Medicine Communications; www.drkoop.com

UTI

Source: Integrative Medicine Communications; www.drkoop.com

Uveitis

Source: Integrative Medicine Communications; www.drkoop.com

Warts

Source: Healthnotes, Inc. www.healthnotes.com

Warts

Source: Integrative Medicine Communications; www.drkoop.com

- **Alternative Therapy**

Color therapy

Source: WholeHealthMD.com, LLC. www.wholehealthmd.com

Hyperlink:

http://www.wholehealthmd.com/refshelf/substances_view/0,1525,683,00.html

Homeopathy

Alternative names: homeopathic medicine homeotherapeutics homoeopathy

Source: The Canoe version of A Dictionary of Alternative-Medicine Methods, by Priorities for Health editor Jack Raso, M.S., R.D.

Hyperlink: <http://www.canoe.ca/AltmedDictionary/h.html>

- **Chinese Medicine**

Fuling

Alternative names: Indian Bread; Poria

Source: Chinese Materia Medica

Mianbixie

Alternative names: Sevenlobed Yam Rhizome; Rhizoma Dioscoreae Septemlobae

Source: Chinese Materia Medica

Qingfen

Alternative names: Calomel; Calomelas

Source: Chinese Materia Medica

Tufuling

Alternative names: Glabrous Greenbrier Rhizome; Rhizoma Smilacis Glabrae

Source: Chinese Materia Medica

- **Herbs and Supplements**

Arctium

Alternative names: Burdock, Gobo; Arctium lappa L.

Source: Alternative Medicine Foundation, Inc. www.amfoundation.org

Calophyllum

Alternative names: Punna, Kamani; Calophyllum sp.

Source: Alternative Medicine Foundation, Inc. www.amfoundation.org

Cat's Claw

Alternative names: Uncaria tomentosa

Source: Integrative Medicine Communications; www.drkoop.com

Corn Silk

Source: The Canadian Internet Directory for Holistic Help, WellNet, Health and Wellness Network; www.wellnet.ca

Echinacea

Alternative names: Echinacea purpurea, Echinacea angustifolia, Echinacea pallida

Source: Healthnotes, Inc. www.healthnotes.com

Echinacea

Alternative names: Echinacea angustifolia, Echinacea pallida, Echinacea purpurea, Purple Coneflower

Source: Integrative Medicine Communications; www.drkoop.com

Echinacea angustifolia

Source: Integrative Medicine Communications; www.drkoop.com

Echinacea pallida

Source: Integrative Medicine Communications; www.drkoop.com

Echinacea purpurea

Source: Integrative Medicine Communications; www.drkoop.com

Gotu Kola

Source: Prima Communications, Inc. www.personalhealthzone.com

Horsetail

Source: Prima Communications, Inc. www.personalhealthzone.com

Juniper Berry

Source: Prima Communications, Inc. www.personalhealthzone.com

Kochia

Alternative names: Summer Cypress, Fireweed; Kochia scoparia (L.) Schrad

Source: Alternative Medicine Foundation, Inc. www.amfoundation.org

Myrrh

Alternative names: Commiphora molmol

Source: Healthnotes, Inc. www.healthnotes.com

Pau D'arco

Alternative names: Tabebuia avellanedae, Tabebuia impestiginosa

Source: Healthnotes, Inc. www.healthnotes.com

Phyllanthus

Alternative names: Phyllanthus niruri

Source: Healthnotes, Inc. www.healthnotes.com

Plantain

Source: The Canadian Internet Directory for Holistic Help, WellNet, Health and Wellness Network; www.wellnet.ca

Purple Coneflower

Source: Integrative Medicine Communications; www.drkoop.com

Red Clover

Source: Prima Communications, Inc. www.personalhealthzone.com

Sandalwood

Alternative names: Santalum album

Source: Healthnotes, Inc. www.healthnotes.com

Shiitake

Alternative names: Lentinus edodes

Source: Healthnotes, Inc. www.healthnotes.com

Uncaria tomentosa

Source: Integrative Medicine Communications; www.drkoop.com

Yellow Dock

Source: The Canadian Internet Directory for Holistic Help, WellNet, Health and Wellness Network; www.wellnet.ca

General References

A good place to find general background information on CAM is the National Library of Medicine. It has prepared within the MEDLINEplus system an information topic page dedicated to complementary and alternative medicine. To access this page, go to the MEDLINEplus site at <http://www.nlm.nih.gov/medlineplus/alternativemedicine.html>. This Web site provides a general overview of various topics and can lead to a number of general sources.

CHAPTER 4. DISSERTATIONS ON SEXUALLY TRANSMITTED DISEASES

Overview

In this chapter, we will give you a bibliography on recent dissertations relating to sexually transmitted diseases. We will also provide you with information on how to use the Internet to stay current on dissertations. **IMPORTANT NOTE:** When following the search strategy described below, you may discover non-medical dissertations that use the generic term “sexually transmitted diseases” (or a synonym) in their titles. To accurately reflect the results that you might find while conducting research on sexually transmitted diseases, we have not necessarily excluded non-medical dissertations in this bibliography.

Dissertations on Sexually Transmitted Diseases

ProQuest Digital Dissertations, the largest archive of academic dissertations available, is located at the following Web address: <http://wwwlib.umi.com/dissertations>. From this archive, we have compiled the following list covering dissertations devoted to sexually transmitted diseases. You will see that the information provided includes the dissertation’s title, its author, and the institution with which the author is associated. The following covers recent dissertations found when using this search procedure:

- **Ethnicity and Health Care Delivery: Sexually Transmitted Diseases** by Feldman, Douglas A., Phd from State University of New York at Stony Brook, 1981, 195 pages
<http://wwwlib.umi.com/dissertations/fullcit/8118954>
- **Examination of the Sufficiency and Usefulness of the Ajzen and Fishbein Model for the Prediction of Behavioral Intention (sexually Transmitted Diseases, Condoms)** by Baker, Sharon Ann, Phd from University of Washington, 1988, 153 pages
<http://wwwlib.umi.com/dissertations/fullcit/8911607>
- **From Behind the Screen: Women's Use of Online Disclosures about Sexually Transmitted Diseases to Manage Uncertainty** by Dorgan, Kelly Ann; Phd from University of Georgia, 2001, 179 pages
<http://wwwlib.umi.com/dissertations/fullcit/3025281>

- **Guidelines for Teaching College Students about Sexually Transmitted Diseases Other Than Syphilis and Gonorrhea.** by Whitmore, Robert Hoover, Edd from Columbia University Teachers College, 1978, 245 pages
<http://wwwlib.umi.com/dissertations/fullcit/7810905>
- **Health Beliefs As Predictors of Parent-teen Communication about Pregnancy, Sexually Transmitted Diseases, Sexual Respect, and Sexual Morality** by Brown Smith, Naima Cherie; Phd from University of Florida, 2002, 133 pages
<http://wwwlib.umi.com/dissertations/fullcit/3083977>
- **Hiv/aids and Five Other Leading Sexually Transmitted Diseases: Knowledge and Behavior Levels of University Freshmen (immune Deficiency, Gonorrhea, Syphilis, Herpes, Genital Warts, Chlamydia)** by Roper, Robyn Lynn, Edd from Auburn University, 1994, 117 pages
<http://wwwlib.umi.com/dissertations/fullcit/9503405>
- **Migrant Labor, Multiple Sexual Partners, and Sexually Transmitted Diseases: the Makings for an Aids Epidemic in Rural Lesotho (immune Deficiency)** by Romero-daza, Nancy Yolanda, Phd from State University of New York at Buffalo, 1994, 370 pages
<http://wwwlib.umi.com/dissertations/fullcit/9420212>
- **No Magic Bullet: a Social History of Venereal Disease in the United States, 1880-1980** by Brandt, Allan M., Phd from Columbia University, 1983, 504 pages
<http://wwwlib.umi.com/dissertations/fullcit/8311824>
- **Personality Factors in Protection Motivation Theory: Normal, Depressed, and Undersocialized Groups Compared on the Health Topics of Drinking, Exercise, and Sexually Transmitted Diseases** by Self, Carol Ann, Phd from The University of Alabama, 1989, 232 pages
<http://wwwlib.umi.com/dissertations/fullcit/9000113>
- **Preliminary Evaluation of a Student Guide for High School Students on Prevention of Sexually Transmitted Diseases** by Rodrigues, Jose Florencio, Jr., Phd from Emory University, 1983, 236 pages
<http://wwwlib.umi.com/dissertations/fullcit/8328068>
- **Private Physicians in a Public Health Role: a Study of the Reporting of Sexually Transmitted Diseases** by Bross, Donald Cecil, Phd from The University of Wisconsin - Madison, 1979, 151 pages
<http://wwwlib.umi.com/dissertations/fullcit/8001129>
- **Race, Gender, Socioeconomic Status and Sexually Transmitted Diseases among American Adolescents** by Newbern, Elizabeth Claire; Phd from The University of North Carolina at Chapel Hill, 2002, 180 pages
<http://wwwlib.umi.com/dissertations/fullcit/3047046>
- **Sex and Political Economy in the South Fly: Daru Island, Western Province, Papua New Guinea (prostitution, Sexually Transmitted Diseases, Aids, Immune Deficiency)** by Hammar, Lawrence James, Phd from City University of New York, 1996, 633 pages
<http://wwwlib.umi.com/dissertations/fullcit/9618071>
- **Sexual Behavior and Risk of Sexually Transmitted Diseases: Do Community Characteristics Moderate the Relationship between Individual Behaviors and Std Risk?** by Rogers, Susan Matthews, Phd from University of Maryland College Park, 1999, 176 pages
<http://wwwlib.umi.com/dissertations/fullcit/9925828>

- **Sexually Transmitted Diseases: Risk Behaviors of Female Active Duty United States Army Recruits** by Eitzen, Joan Prosnik, Phd from University of Maryland College Park, 1996, 256 pages
<http://wwwlib.umi.com/dissertations/fullcit/9707593>
- **Skills Training with Heterosexual Females for the Prevention of Hiv Infection, Other Sexually Transmitted Diseases, and Sexual Assault** by Sikkema, Kathleen Jane, Phd from Virginia Polytechnic Institute and State University, 1991, 184 pages
<http://wwwlib.umi.com/dissertations/fullcit/9126887>
- **Social Network Influences over Adolescents' Sexual Networks and Their Risk for Sexually Transmitted Diseases (stds)** by Loo, Virginia Siu King; Phd from University of California, Berkeley, 2002, 164 pages
<http://wwwlib.umi.com/dissertations/fullcit/3063460>
- **The Impact of Public School Sex Education on Students' Rate of Infection with Sexually Transmitted Disease, Rate of Unintended Pregnancies, Sexual Behaviors, and Sexual Knowledge** by Doehling, Connie M., Phd from University of Northern Colorado, 1992, 119 pages
<http://wwwlib.umi.com/dissertations/fullcit/9231150>
- **The Knowledge, Attitudes, Beliefs and Behaviors of 10th Grade Regular Students, Mainstreamed Special Education Students and Educable Mentally Handicapped Students Regarding Acquired Immunodeficiency Syndrome and Sexually Transmitted Diseases (tenth-grade)** by Yarnell, Brenda Lee, Phd from Southern Illinois University at Carbondale, 1992, 154 pages
<http://wwwlib.umi.com/dissertations/fullcit/9239752>
- **The Moral Battlefield: Venereal Disease and the British Army during the First World War** by Simpson, David Michael, Phd from The University of Iowa, 1999, 422 pages
<http://wwwlib.umi.com/dissertations/fullcit/9933423>
- **The Spatial and Spatiotemporal Distribution of Sexually Transmitted Diseases (north Carolina)** by Law, Dionne Catherine Gesink; Phd from The University of North Carolina at Chapel Hill, 2003, 115 pages
<http://wwwlib.umi.com/dissertations/fullcit/3086554>
- **The United States Condom Industry: a Study of an Oligopoly (sexually Transmitted Disease)** by Murphy, James S., Phd from New School for Social Research, 1990, 313 pages
<http://wwwlib.umi.com/dissertations/fullcit/9121297>

Keeping Current

Ask the medical librarian at your library if it has full and unlimited access to the *ProQuest Digital Dissertations* database. From the library, you should be able to do more complete searches via <http://wwwlib.umi.com/dissertations>.

CHAPTER 5. CLINICAL TRIALS AND SEXUALLY TRANSMITTED DISEASES

Overview

In this chapter, we will show you how to keep informed of the latest clinical trials concerning sexually transmitted diseases.

Recent Trials on Sexually Transmitted Diseases

The following is a list of recent trials dedicated to sexually transmitted diseases.⁸ Further information on a trial is available at the Web site indicated.

- **Increased Access to Emergency Contraceptive Pills**

Condition(s): Pregnancy; Sexually Transmitted Diseases

Study Status: This study is currently recruiting patients.

Sponsor(s): National Institute of Child Health and Human Development (NICHD)

Purpose - Excerpt: This study will evaluate the effect of easy access to emergency contraceptive pills (ECPs) on the rates of pregnancy and sexually transmitted infections (STIs).

Study Type: Interventional

Contact(s): see Web site below

Web Site: <http://clinicaltrials.gov/ct/show/NCT00060463>

- **Safety and Acceptability of the Anti-Microbe Vaginal Gel, PMPA Gel**

Condition(s): HIV Infections

Study Status: This study is currently recruiting patients.

Sponsor(s): National Institute of Allergy and Infectious Diseases (NIAID)

Purpose - Excerpt: The purpose of this study is to evaluate the PMPA gel, which kills microbes, in HIV-infected and HIV-uninfected women. The majority of new HIV

⁸ These are listed at www.ClinicalTrials.gov.

infections occur through heterosexual contact. A product that stops or slows the replication of HIV during sexual contact is needed. At present, there are no products that are completely effective. PMPA gel, also known as tenofovir, is an anti-microbe agent that may fight against sexual transmission of HIV and other **sexually transmitted diseases** (STDs). It is applied to the vagina and gives women the ability to control their disease-prevention activity.

Phase(s): Phase I

Study Type: Interventional

Contact(s): see Web site below

Web Site: <http://clinicaltrials.gov/ct/show/NCT00028132>

- **A Study of Nonoxynol-9 (N-9) and HIV Infection**

Condition(s): HIV Infections

Study Status: This study is no longer recruiting patients.

Sponsor(s): National Institute of Allergy and Infectious Diseases (NIAID)

Purpose - Excerpt: The purpose of this study is to see if nonoxynol-9 (N-9) gel used in the vagina can prevent the spread of HIV. Most of the people with HIV in the world today live in southern Africa. Because this population is not likely to use condoms, an HIV-prevention method that women can control is needed. N-9 used in the vagina may help prevent the spread of HIV and other **sexually transmitted diseases**.

Phase(s): Phase III

Study Type: Interventional

Contact(s): see Web site below

Web Site: <http://clinicaltrials.gov/ct/show/NCT00000926>

- **HIV and Genital Herpes Among High-Risk Men Who Have Sex With Men (MSM) in Lima, Peru**

Condition(s): HIV Infections; Herpes Genitalis; HIV Seronegativity; Syphilis

Study Status: This study is no longer recruiting patients.

Sponsor(s): National Institute of Allergy and Infectious Diseases (NIAID)

Purpose - Excerpt: The purpose of this study is to provide biomedical and behavioral information that is necessary for planning and starting HIV prevention trials in Lima, Peru. The occurrence of HIV is high among men who have sex with men (MSM) in Lima, Peru, and bacterial **sexually transmitted diseases** (STDs) and HSV-2 (genital herpes) are very prevalent in HIV-positive and -negative MSM there. Methods to reduce both HIV and STDs are urgently needed among MSM in Peru. The information gained from this study is very important for future HIV prevention and vaccine trials that will take place in Peru.

Study Type: Observational

Contact(s): see Web site below

Web Site: <http://clinicaltrials.gov/ct/show/NCT00023582>

- **A Study of BufferGel in Women**

Condition(s): HIV Infections

Study Status: This study is completed.

Sponsor(s): National Institute of Allergy and Infectious Diseases (NIAID)

Purpose - Excerpt: The purpose of this study is to see if it is safe to use BufferGel in the vaginas of women who do not have HIV and who have a low risk of getting HIV. Many new cases of HIV are the result of heterosexual activity. Condom use is currently the only effective way of preventing the spread of HIV and other **sexually transmitted diseases** (STDs). However, women, who have a greater risk of getting HIV, are often unable to convince their partner to use a condom. Therefore, it is important to develop methods that prevent the spread of HIV and that are controlled by the woman, such as medicines used in the vagina. BufferGel is known to kill the organisms that cause STDs, including HIV. BufferGel may do this without causing genital irritation and sores as other medicines do. More studies are needed to see if this is true.

Phase(s): Phase I

Study Type: Interventional

Contact(s): see Web site below

Web Site: <http://clinicaltrials.gov/ct/show/NCT00000927>

- **A Study of the Effects of Advantage 24 on the Rectum**

Condition(s): HIV Infections

Study Status: This study is completed.

Sponsor(s): National Institute of Allergy and Infectious Diseases (NIAID)

Purpose - Excerpt: The purpose of this study is to see if it is safe and acceptable for homosexual male couples, where both partners have the same HIV status, to use Advantage 24 during anal intercourse. Advantage 24 is a spermicide (a chemical that kills sperm). Much research and development is being done with chemicals that can be controlled by the receptive partner to prevent the spread of HIV and other **sexually transmitted diseases** (STDs). Advantage 24 currently is used in the vagina as a form of birth control. The safety of Advantage 24 is particularly important for HIV-positive men because they have a greater chance of serious reaction to Advantage 24 due to other HIV-related conditions.

Phase(s): Phase I

Study Type: Interventional

Contact(s): see Web site below

Web Site: <http://clinicaltrials.gov/ct/show/NCT00000929>

Keeping Current on Clinical Trials

The U.S. National Institutes of Health, through the National Library of Medicine, has developed ClinicalTrials.gov to provide current information about clinical research across the broadest number of diseases and conditions.

The site was launched in February 2000 and currently contains approximately 5,700 clinical studies in over 59,000 locations worldwide, with most studies being conducted in the United States. ClinicalTrials.gov receives about 2 million hits per month and hosts approximately 5,400 visitors daily. To access this database, simply go to the Web site at <http://www.clinicaltrials.gov/> and search by “sexually transmitted diseases” (or synonyms).

While ClinicalTrials.gov is the most comprehensive listing of NIH-supported clinical trials available, not all trials are in the database. The database is updated regularly, so clinical trials are continually being added. The following is a list of specialty databases affiliated with the National Institutes of Health that offer additional information on trials:

- For clinical studies at the Warren Grant Magnuson Clinical Center located in Bethesda, Maryland, visit their Web site: <http://clinicalstudies.info.nih.gov/>
- For clinical studies conducted at the Bayview Campus in Baltimore, Maryland, visit their Web site: <http://www.jhbmj.jhu.edu/studies/index.html>
- For cancer trials, visit the National Cancer Institute: <http://cancertrials.nci.nih.gov/>
- For eye-related trials, visit and search the Web page of the National Eye Institute: <http://www.nei.nih.gov/neitrials/index.htm>
- For heart, lung and blood trials, visit the Web page of the National Heart, Lung and Blood Institute: <http://www.nhlbi.nih.gov/studies/index.htm>
- For trials on aging, visit and search the Web site of the National Institute on Aging: <http://www.grc.nia.nih.gov/studies/index.htm>
- For rare diseases, visit and search the Web site sponsored by the Office of Rare Diseases: http://ord.aspensys.com/asp/resources/rsch_trials.asp
- For alcoholism, visit the National Institute on Alcohol Abuse and Alcoholism: http://www.niaaa.nih.gov/intramural/Web_dicbr_hp/particip.htm
- For trials on infectious, immune, and allergic diseases, visit the site of the National Institute of Allergy and Infectious Diseases: <http://www.niaid.nih.gov/clintrials/>
- For trials on arthritis, musculoskeletal and skin diseases, visit newly revised site of the National Institute of Arthritis and Musculoskeletal and Skin Diseases of the National Institutes of Health: <http://www.niams.nih.gov/hi/studies/index.htm>
- For hearing-related trials, visit the National Institute on Deafness and Other Communication Disorders: <http://www.nidcd.nih.gov/health/clinical/index.htm>
- For trials on diseases of the digestive system and kidneys, and diabetes, visit the National Institute of Diabetes and Digestive and Kidney Diseases: <http://www.niddk.nih.gov/patient/patient.htm>
- For drug abuse trials, visit and search the Web site sponsored by the National Institute on Drug Abuse: <http://www.nida.nih.gov/CTN/Index.htm>
- For trials on mental disorders, visit and search the Web site of the National Institute of Mental Health: <http://www.nimh.nih.gov/studies/index.cfm>
- For trials on neurological disorders and stroke, visit and search the Web site sponsored by the National Institute of Neurological Disorders and Stroke of the NIH: http://www.ninds.nih.gov/funding/funding_opportunities.htm#Clinical_Trials

CHAPTER 6. PATENTS ON SEXUALLY TRANSMITTED DISEASES

Overview

Patents can be physical innovations (e.g. chemicals, pharmaceuticals, medical equipment) or processes (e.g. treatments or diagnostic procedures). The United States Patent and Trademark Office defines a patent as a grant of a property right to the inventor, issued by the Patent and Trademark Office.⁹ Patents, therefore, are intellectual property. For the United States, the term of a new patent is 20 years from the date when the patent application was filed. If the inventor wishes to receive economic benefits, it is likely that the invention will become commercially available within 20 years of the initial filing. It is important to understand, therefore, that an inventor's patent does not indicate that a product or service is or will be commercially available. The patent implies only that the inventor has "the right to exclude others from making, using, offering for sale, or selling" the invention in the United States. While this relates to U.S. patents, similar rules govern foreign patents.

In this chapter, we show you how to locate information on patents and their inventors. If you find a patent that is particularly interesting to you, contact the inventor or the assignee for further information. **IMPORTANT NOTE:** When following the search strategy described below, you may discover non-medical patents that use the generic term "sexually transmitted diseases" (or a synonym) in their titles. To accurately reflect the results that you might find while conducting research on sexually transmitted diseases, we have not necessarily excluded non-medical patents in this bibliography.

Patents on Sexually Transmitted Diseases

By performing a patent search focusing on sexually transmitted diseases, you can obtain information such as the title of the invention, the names of the inventor(s), the assignee(s) or the company that owns or controls the patent, a short abstract that summarizes the patent, and a few excerpts from the description of the patent. The abstract of a patent tends to be more technical in nature, while the description is often written for the public. Full patent

⁹Adapted from the United States Patent and Trademark Office:
<http://www.uspto.gov/web/offices/pac/doc/general/whatis.htm>.

descriptions contain much more information than is presented here (e.g. claims, references, figures, diagrams, etc.). We will tell you how to obtain this information later in the chapter. The following is an example of the type of information that you can expect to obtain from a patent search on sexually transmitted diseases:

- **2-Acetyl quinoline thiosemicarbazones useful in treatment of gonorrhea, malaria or bacterial infections**

Inventor(s): Dobek; Arthur S. (Silver Spring, MD), Morrison; Norman E. (Baltimore, MD), Grant; Steven D. (Lander, WY), Massie; Samuel P. (Laurel, MD), Klayman; Daniel L. (Chevy Chase, MD), Scovill; John P. (Silver Spring, MD), Gonzalez; Armando (Orlando, FL)

Assignee(s): The United States of America as represented by the Secretary of the Army (Washington, DC)

Patent Number: 4,440,771

Date filed: February 12, 1982

Abstract: This invention relates to the preparation and use of various 2-acetyl quinine thiosemicarbazones which are substituted on the 4-nitrogen atom. These compounds are useful in the treatment of gonorrhea and, in addition, many are useful either in the treatment of malaria or bacterial infections, such as leprosy and meningitis.

Excerpt(s): (5) morpholino, dialkyl (preferably one to four carbon atoms in each alkyl group) morpholino.... In this disclosure, it is understood that COO alkyl represents the alkyl carboxylic acid ester; for example, COO Et represents the ethyl carboxylic acid ester.... While evidence indicates that all of the above-described compounds and their pharmaceutically-acceptable acid addition salts are useful in the treatment of gonorrhea (gonorrhoeae), in addition many of the compounds and salts are useful either in the treatment of malaria or bacterial infections, such as leprosy and meningitis. Such use of the above-described compounds and salts is included in the present invention. Moreover, the above-described compounds per se, and their pharmaceutically-acceptable acid addition salts, are included in the invention provided that: when R.sub.2 is hydrogen, then R.sub.1 cannot be ethyl, isopropyl, or monochlorophenyl.

Web site: http://www.delphion.com/details?pn=US04440771__

- **Antigen membranes for use in syphilis diagnosis and syphilis diagnosis apparatus using such membranes**

Inventor(s): Nagamura; Yoichi (Toyoake, JA), Ishigur; Isao (Kasugai, JA), Aizawa; Masuo (Tokyo, JA), Suzuki; Shuichi (Tokyo, JA), Shinohara; Rikio (Kagamihara, JA)

Assignee(s): Nippon Chemiphar Co., Ltd. (Tokyo, JA)

Patent Number: 4,081,334

Date filed: March 18, 1977

Abstract: An antigen membrane for syphilis diagnosis comprises cardiolipin immobilized in a polymer maxtrix. The membranes are used in syphilis diagnosis and in an apparatus for syphilis diagnosis.

Excerpt(s): This invention relates to an antigen membrane for syphilis diagnosis, and a method and apparatus for syphilis diagnosis.... Recently, with rapid progress in the field

of immunology, important applications of immunology, have been developed, in particular, the introduction of immunochemical methods into clinical analysis, where their usefulness has been confirmed. In most immunoassays, the superior specificity of antigen-antibody reactions is utilized, and a trace amount of a specific substance can be selectively detected.... Syphilis diagnosis is a typical example of the application of such immuno-chemical clinical analyses. However, in the conventional syphilis diagnosis method, completion of the antigen-antibody complex forming reaction is observed with the naked eye. Accordingly, the excellent selectivity and sensitivity of the immuno-chemical specificity are not sufficiently utilized in the final diagnosis step.

Web site: http://www.delphion.com/details?pn=US04081334__

- **Assay of immunoglobulin A protease and the rapid diagnosis of gonorrhea**

Inventor(s): Murray; Kittie A. (New York, NY)

Assignee(s): Magbon Test Company (Great Neck, NY)

Patent Number: 4,582,699

Date filed: December 23, 1981

Abstract: A method for rapid diagnosis of gonorrhea is set forth comprising assay of the enzyme immunoglobulin A protease (IgAP). Immunoassays including radioimmunoassay and enzyme-linked immunoassay with monoclonal antibodies to IgAP are disclosed. A kit for early detection of gonorrhea is given. The assay and kit of the present invention may also be used in the detection of meningitis.

Excerpt(s): Gonorrhea is a sexually transmitted disease caused by the bacterium *Neisseria gonorrhea*. The disease has plagued mankind since ancient history, and although penicillin and related "miracle drugs" have helped control the spread of gonorrhea, it still persists in epidemic proportions. In the United States along 3 million cases of gonorrhea are reported annually and worldwide over 60 million cases are reported each year.... A major reason for the rampant spread of gonorrhea is the lack of a rapid method for detection of infection in its early stages. *Neisseria gonorrhea* may thrive on the genital membranes several days before the obvious symptoms of prurulent discharge become visible, and during this period contact with a non-carrier may result in unwitting transmission of the bacterium. Moreover, many carriers of the disease, especially women, are asymptomatic and spread the disease unknowingly.... Current diagnostic methods for gonorrhea include preliminary microscopic observation by a trained clinician of gram-stained extract from uro-genital membranes followed by incubation of extract on a medium selective by *Neisseria gonorrhea*. Final chemical tests are made in the laboratory and finally reported to the patient who may then be treated. This diagnostic procedure is a time-consuming process requiring trained personnel and sophisticated instrumentation.

Web site: http://www.delphion.com/details?pn=US04582699__

- **Assaying anti-TP IgM antibodies for syphilis diagnosis**

Inventor(s): Kubo; Emiko (Tokyo, JP), Kayashima; Takako (Tokyo, JP), Sato; Takashi (Saitama, JP)

Assignee(s): Fujirebio Kabushiki Kaisha (Tokyo, JP)

Patent Number: 4,716,108

Date filed: February 24, 1986

Abstract: A method of measuring an infectious disease antibody such as syphilis IgM, which comprises treating immunoglobulins of a sample with an anti immunoglobulin antibody sensitized on carrier particles and an antigen of the infectious disease sensitized on carrier particles. According to the method of the invention, the specific antibody of the specific infectious disease such as syphilis IgM can easily and exactly be measured. This method is useful for the judging the stage of infectious disease and watching the results of treatment.

Excerpt(s): This invention relates to a method of measuring an infectious disease antibody such as a syphilis antibody, and more particularly, this invention relates to a method of measuring the individual immunoglobulins such as IgM, IgG and IgA, of a particular infectious disease.... For instance, with regard to diagnosing methods of syphilis, there are the STS (Serologic Test for Syphilis) method of using cardiolipin which is a lipoidal antigen and the method of using *Treponema pallidum* (hereinafter referred to as TP) as an antigen.... The STS method including the VDRL method, the RPR (Rapid Plasma Reagin Card Test) method, the agglutination method, Ogata's method, and Kolmer's method, occasionally produce a biological false positive result due to the antigen which is not TP.

Web site: http://www.delphion.com/details?pn=US04716108__

- **Broad spectrum vaccine against gonorrhea**

Inventor(s): Schoolnik; Gary K. (Palo Alto, CA), Rothbard; Jonathan (San Francisco, CA)

Assignee(s): The Board of Trustees for the Leland Stanford University (Palo Alto, CA)

Patent Number: 4,622,223

Date filed: July 25, 1985

Abstract: Vaccines comprising peptide sequences corresponding to immunorecessive determinants in gonorrhea pilus protein are disclosed. The vaccines are effective in protecting human subjects against infection by a wide range of gonorrhea strains by raising antibodies which interfere with the colonization of the epithelium by the infecting bacteria or which enhance phagocytosis.

Excerpt(s): This invention relates to immunization of humans against gonorrheal infection. In particular, it relates to vaccines useful in protecting humans against a broad spectrum of gonococcus strains.... Gonorrhea is a well known, sexually transmitted disease which produces acute suppuration of the mucous membranes of the genital urinary tract and the eye followed by chronic inflammation and fibrosis. It is caused by a gram negative group of cocci *Neisseria gonorrhoeae* (gonococcus). A single strain of this species is an isolate from a single host (patient) at a particular site. There are, therefore, multitudinous strains of *N. gonorrhoeae*, each of which has characteristic antigenic determinants associated with the pili, a fact which renders both diagnosis and immunization difficult. The incidence of the disease has markedly increased since 1955,

and has been complicated by the appearance of penicillin resistant strains harboring beta-lactamase encoding plasmids, which were first reported in 1976. The infectivity of the organism is extremely high, and it has been estimated that a single sexual encounter with an infected partner results in a 20-30% probability of acquiring the disease. If left untreated, relapses are to be expected, as resistance to re-infection does not appear to develop.... The course of the disease involves colonization of the mucous membranes by the bacterium, a process which is mediated by the attachment of the colonizing cell to the surface membrane by means of filamentous structures called pili associated with its cell wall. After attachment, the gonococcus is passed through the epithelium to the submucosal space where it is capable of causing inflammation and fibrosis. The attachment of the gonococci to the epithelial surface can be blocked by anti-pilus antibody.

Web site: http://www.delphion.com/details?pn=US04622223__

- **Composition and method for prevention of sexually transmitted diseases, including aids**

Inventor(s): Myhling; John (P.O. Box 141, Rhinebeck, NY 12572)

Assignee(s): none reported

Patent Number: 6,328,991

Date filed: November 30, 1999

Abstract: A chemical composition, method and product for administration into the vaginal canal. The composition, method and product are effective in preventing the spread of sexually transmitted diseases, including the spread of AIDS.

Excerpt(s): The invention relates to a composition of active pharmaceutical agent for administration into the vaginal canal to prevent the spread and transmission of Sexually Transmitted Diseases. The present invention also relates to a composition for administration into the vaginal canal to prevent the transmission of HIV, and the spread of AIDS.... The invention also relates to a method of administration of an active pharmaceutical agent via the vaginal cavity and to a sponge capable of delivering such agent into the vaginal canal during insertion of the sponge, while the sponge is resident in the vagina and during removal from the vagina.... The present invention also relates to vaginal sponges for the topical or systemic, sustained release of a wide range of active pharmaceutical compounds. And the invention relates to sterile, packaged vaginal sponges containing predetermined dosages of active pharmaceuticals which sponges can be conveniently inserted and removed by the user without compromising the predetermined dosage and without waste or mess.

Web site: http://www.delphion.com/details?pn=US06328991__

- **Diagnostic method for gonorrhea by assay of IgA1 fragments**

Inventor(s): Blake; Milan S. (New York, NY)

Assignee(s): Immunogon Associates (Great Neck, NY)

Patent Number: 4,795,702

Date filed: February 5, 1986

Abstract: Method for assay of fragments produced by the reaction between the enzyme immunoglobulin A protease and its substrate immunoglobulin A, sub-class 1. IgA1, IgAP and also bacteria which secrete IgAP may be detected. The assay is especially useful in the detection of *Neisseria gonorrhea* and in the diagnosis of gonorrhea.

Excerpt(s): This invention concerns immunoassay of the fragments produced by the enzyme immunoglobulin A protease (IgAP) in the reaction with its substrate immunoglobulin A, sub-class 1 (IgA1). IgA1, IgAP and also bacteria which secrete IgAP may be detected. The assay is especially useful in the detection of *Neisseria gonorrhea* and in the diagnosis of gonorrhea.... IgAP has been the subject of intensive study since its discovery in the human body. It has been found that IgAP is secreted by pathogenic bacteria. The enzyme has been implicated in the diseases caused by these bacteria, namely gonorrhea, meningitis and influenza. The substrate of IgAP is IgA1. IgAP hydrolyzes IgA1 at a highly specific site that differs with the bacterial source of enzyme. IgA1 is naturally secreted in the human body by urogenital membranes. It has been observed that the amount of IgA1 on these membranes rises in response to infection (Mulks, et al., J. Infect. Dis. (1984) 150: 734-44). Although the role of IgAP in pathogenicity is not clear, it has been postulated that this increase in level is a natural defense mechanism of the body to bacteria which secrete IgAP.... The study of IgAP and its reaction with IgA1 would be aided by a rapid, simple assay for the enzyme. Current methods are cumbersome and time-consuming. Immunoelectrophoresis is a sophisticated technique which separates reaction products according to size and charge and then identifies them with anti-sera (Plaut, et al (1974) Adv. Exp. Med. Biol., 45: 245-249; Male C. J. (1979) Inf. Immun., 26: 254-261). SDS-PAGE analysis of 125I-labeled IgA1 is a sensitive technique, but is also time consuming (Blake, et al. (1979) J. Infect. Dis., 139: 89-92; Blake and Swanson (1978) Inf. Immun., 22: 350-358) Lindahl reports an assay utilizing IgA-binding protein from Group A streptococci which is useful under laboratory conditions but this method is also limited by time and labor requirements (Lindahl, L. (1981) J. Clin. Microbiol., 13: 991-993).

Web site: http://www.delphion.com/details?pn=US04795702__

- **Intracervical cuff (ICC) for contraception and prevention of venereal disease and applicator therefor**

Inventor(s): Gresser; Joseph D. (Brookline, MA), Horne, Jr. Herbert W. (Framingham, MA)

Assignee(s): Dynatech Corp. (Burlington, MA)

Patent Number: 4,246,896

Date filed: October 30, 1978

Abstract: A two-stage device for use within the canal of the cervix of the uterus for the dual and simultaneous purposes of venereal disease prevention and of contraception by prohibiting the migration of sperm through the cervical canal. The two-stage device will consist of (Part A) an insertable member which will be inserted into and be maintained within the cervical canal to which (Part B) a temporary member, effective for upward of a year, can be attached easily with a minimum of discomfort to the patient. [Either or both parts of this two-stage device (at present most probably the temporary part) can incorporate metals such as copper, silver, or others, or suitable compounds thereof, and also spermicidal and pathogenocidal agents, steroids or other drugs.] A unique feature of the invention is its placement within the cervical canal rather than in the fundus or vagina. Part A of the device is designed for semipermanent placement within the

cervical canal; its main structural function is to act as a support for Part B which is designed for facile and comfortable removal and replacement and which contains the active agents possibly but not necessarily contained within a slow release matrix. A second unique feature of the invention is the use of magnets to attach Part B to Part A.

Excerpt(s): The prior art involves two technologies: (1) incorporation of biologically active agents into solid or paste-like polymeric excipients for the purpose of sustaining delivery of those agents for periods longer than otherwise possible and (2) fabrication of various polymeric materials and metals into devices for insertion into the human uterine fundus and/or vagina for the prevention of pregnancy.... Devices for the controlled and continuous delivery of an active agent from a polymer excipient are known to the prior art. One group of such devices are best termed reservoir devices, characterized by a reservoir of the drug surrounded by a wall. The drug may be present separately or may be contained within a carrier permeable to the drug and in which the drug has limited solubility. The wall of the device permits passage of the drug as by diffusion and it is this step which controls the rate of drug release to the environment. U.S. Pat. No. 3,977,404 describes one such device utilizing a wall permeable to external fluid and permeable to drug via microporous openings to the environment. Another reservoir device described in U.S. Pat. No. 3,967,519 utilizes a reservoir formed of a drug carrier permeable to the drug in which the drug has limited solubility. In this case also, the wall is less permeable to the drug than is the carrier and is the rate controlling barrier to release. All of these devices can be designated to release drug within a body orifice; the object of U.S. Pat. No. 3,977,404 can also be used under an eyelid.... A number of devices all operating on the principle of drug diffusion through a wall or membrane permeable to the drug have been patented. Included are U.S. Pat. No. 3,961,628, which uses a nonbiodegradable polymer wall; U.S. Pat. No. 3,988,262, also of this type, may be used for anal or uterine drug delivery. U.S. Pat. No. 3,948,254 also claims a drug in a permeable carrier surrounded by an even less permeable wall. Permeability of the wall usually has been controlled by pore size or other openings in the wall but in U.S. Pat. No. 3,938,515, permeability is said to be controlled by addition of a small amount of polymeric material such as polyester (from a glycol and a dibasic acid), polyethylene glycol, etc.

Web site: http://www.delphion.com/details?pn=US04246896__

- **Method for the treatment of psoriasis and genital warts**

Inventor(s): Chu; Chung K. (Athens, GA), Cheng; Yung-Chi (Woodbridge, CT)

Assignee(s): University of Georgia Research Foundation Inc. (Athens, GA), Yale University (New Haven, CT)

Patent Number: 6,436,948

Date filed: March 3, 2000

Abstract: The present invention relates to the use of prodrug forms of (-)-(2S,4S)-1-(2-hydroxymethyl-1,3-dioxolan-4-yl)cytosine to treat psoriasis, genital warts and other hyperproliferative keratinocyte diseases such as hyperkeratosis, ichthyosis, keratoderma or lichen planus.

Excerpt(s): This invention is in the area of medicinal chemistry, and in particular is (-)-(2S,4S)-1-(2-hydroxymethyl-1,3-dioxolan-4-yl)cytosine (also referred to as (-)-OddC) or its derivative, and its use to treat cancer in animals, including humans.... A tumor is an unregulated, disorganized proliferation of cell growth. A tumor is malignant, or

cancerous, if it has the properties of invasiveness and metastasis. Invasiveness refers to the tendency of a tumor to enter surrounding tissue, breaking through the basal laminas that define the boundaries of the tissues, thereby often entering the body's circulatory system. Metastasis refers to the tendency of a tumor to migrate to other areas of the body and establish areas of proliferation away from the site of initial appearance.... Cancer is now the second leading cause of death in the United States. Over 8,000,000 persons in the United States have been diagnosed with cancer, with 1,208,000 new diagnoses expected in 1994. Over 500,000 people die annually from the disease in this country.

Web site: http://www.delphion.com/details?pn=US06436948__

- **Method for treating gonorrhea infections with 2-acetyl- and 2-propionylpyridine thiosemicarbazones**

Inventor(s): Griffin; T. Scott (Orange, CA), Bartosevich; Joseph F. (Silver Spring, MD), Scovill; John P. (Rockville, MD), Klayman; Daniel L. (Chevy Chase, MD), Mason; Carl J. (Silver Spring, MD)

Assignee(s): The United States of America as represented by the Secretary of the Army (Washington, DC)

Patent Number: 4,401,670

Date filed: October 14, 1981

Abstract: This invention relates to various 2-acetyl- and 2-propionylpyridine thiosemicarbazones which are substituted on the 4-nitrogen atom. These compounds are useful in the treatment of gonorrhea and, in addition, many are useful either in the treatment of malaria or bacterial infection. Also disclosed are several synthetic procedures used to prepare the thiosemicarbazones.

Excerpt(s): (5) morpholino, dialkyl (preferably 1 to 4 carbon atoms in each alkyl group) morpholino.... In this disclosure, it is understood that COO alkyl represents the alkyl carboxylic acid ester; for example, COO Et represents the ethyl carboxylic acid ester.... While evidence indicates that all of the above-described compounds and their pharmaceutically-acceptable acid addition salts are useful in the treatment of gonorrhea, in addition many of the compounds and salts are useful either in the treatment of malaria or bacterial infection. Such use of the above-described compounds and salts is included in the present invention. Moreover, the above-described compounds per se, and their pharmaceutically-acceptable acid addition salts, are included in the invention provided that: when R.sub.2 is hydrogen, then R.sub.1 cannot be ethyl, isopropyl, or monochlorophenyl.

Web site: http://www.delphion.com/details?pn=US04401670__

- **Method of using over the counter swab kit for self detection of gonorrhea in the male using tetramethyl chromogen ampul**

Inventor(s): Mennen; Frederick C. (506 Clay St., LaPorte, IN 46350)

Assignee(s): none reported

Patent Number: 4,340,670

Date filed: June 19, 1981

Abstract: An over the counter swab kit for self detection of gonorrhea in the male using an ampul containing 1% N, N, N' N' tetramethyl-p- phenylenediamene or tetramethyl chromogen. The method of taking a sample is also shown in which the open end of a tube is filled with a plug in the form of fibrous material. After a sample is taken of exudate from a male, the 1% solution of tetramethyl chromogen reacts with Neisseria gonorrhea which may be present in the exudate to produce a color change. The plug, before the test, is in a dry condition, the plug is activated only by the tetramethyl chromogen which is placed below the plug in the tube and the ampul broken to release its contents. A sufficient amount of 1% tetramethyl chromogen is held within the frangible ampul to wet the plug and this amount is 1/2 the volume than is used in the saline ampul in my companion patent application entitled Over the Counter Swab Kit for Self Detection of Gonorrhea in the Male Using Saline Ampul. This volume is drawn by capillary action through the tip on which the sample of exudate was placed and before the ampul was broken. A purple color is created on the tip in 3 minutes at the site of the bacteria and is a positive test for gonorrhea. A key feature of the kit is the cover which protects the tip before use in self diagnosis is removed to take the specimen of exudate, and is replaced when the kit is inverted and the ampul broken to get the color change to purple in 3 minutes. If the deep purple color does not develop this is a negative test.

Excerpt(s): Frederick C. Mennen, application filed Oct. 29, 1971, entitled Method and Instrument for the Detection of Neisseria Gonorrhoeae Without Culture, now U.S. Pat. No. 3,876,503 granted Apr. 8, 1975.... Frederick C. Mennen, application filed Dec. 30, 1974, entitled Instrument for the Detection of Neisseria Gonorrhoeae, Ser. No. 537,593, allowed Oct. 20, 1976, Final Fee Paid Jan. 21, 1977, Now U.S. Pat. No. 4,018,653 granted Apr. 19, 1977.... Frederick C. Mennen, application filed Mar. 28, 1975, entitled Apparatus Especially Useful for Detection of Neisseria Gonorrhoeae and the Like in Females, Ser. No. 563,300, granted May 4, 1976, now U.S. Pat. No. 3,954,563.

Web site: http://www.delphion.com/details?pn=US04340670__

- **Methods for the treatment of psoriasis and genital warts**

Inventor(s): Cheng; Yung-Chi (Woodbridge, CT), Chu; Chung K. (Athens, GA)

Assignee(s): The University of Georgia Research Foundation Center (Athens, GA), Yale University (New Haven, CT)

Patent Number: 6,063,787

Date filed: January 26, 1998

Abstract: The present invention relates to the use of (-)-(2S,4S)-1-(2-hydroxymethyl-1,3-dioxolan-4-yl) cytosine to treat psoriasis, genital warts and other hyperproliferative keratinocyte diseases such as hyperkeratosis, ichthyosis, keratoderma or lichen planus.

Excerpt(s): This invention is in the area of medicinal chemistry, and in particular is (-)-(2S,4S)-1-(2-hydroxymethyl-1,3-dioxolan-4-yl)cytosine (also referred to as (-)-OddC) or its derivative, and its use to treat cancer in animals, including humans.... A tumor is an unregulated, disorganized proliferation of cell growth. A tumor is malignant, or cancerous, if it has the properties of invasiveness and metastasis. Invasiveness refers to the tendency of a tumor to enter surrounding tissue, breaking through the basal laminas that define the boundaries of the tissues, thereby often entering the body's circulatory system. Metastasis refers to the tendency of a tumor to migrate to other areas of the body and establish areas of proliferation away from the site of initial appearance....

Cancer is now the second leading cause of death in the United States. Over 8,000,000 persons in the United States have been diagnosed with cancer, with 1,208,000 new diagnoses expected in 1994. Over 500,000 people die annually from the disease in this country.

Web site: http://www.delphion.com/details?pn=US06063787__

- **Oral condom for preventing sexually transmitted diseases**

Inventor(s): Bloodsaw; Paula A. (67 Manchester, Apt. D, San Francisco, CA 94110)

Assignee(s): none reported

Patent Number: 5,409,016

Date filed: February 18, 1994

Abstract: The present invention is an oral condom which protects the user from contracting sexually transmitted diseases while engaging in oral, vaginal or anal sex. The oral condom provides an improved protective mask which is capable of protecting the facial area of a user from undesirable exposure to infection carrying microorganisms. The oral condom is shaped like an oval with two lateral leg portions which are attached to two ear attachments respectively. The oral condom includes conformed portions for the lips so that the lips can be more easily moved in a natural way and an extended portion for the tongue so the tongue can move in a natural way and not be hindered by the oral condom.

Excerpt(s): The present invention relates to the field of condoms. In particular, the present invention relates to the field of protective masks utilized in oral, vaginal and anal sex.... The practice of oral sex has been prevalent in our society throughout the ages. Traditionally, however, most couples performing oral sex do not wear any kind of protective mask on their faces so that the face, tongue and lips are protected against sexually transmitted diseases (STD's) and the well-known Acquired Immune Deficiency Syndrome (AIDS). It is known that people who have unsafe sex are the ones that transmit communicable sexually transmitted diseases. STD's and AIDS are widespread throughout the United States and all over the world, and are a major concern to many who engage in sexual activities including oral sex. AIDS and other sexually transmitted diseases will continue to spread throughout the world until there are safe devices for protecting a couple or a prostitute while engaging in sexual activities including oral sex.... There are several different types of protective masks disclosed in the prior art. However these devices have many disadvantages. One disadvantage of prior art devices is that they only minimally cover the lips of the user and consequently leave substantial areas of the face of the user exposed, thereby leaving the user at risk. Another disadvantage of prior art protective masks is that they are affixed in place by strings on the head of a user. Securing these devices to the face of a user is a very time consuming process and users often complain that this process is overly burdensome and cuts down on the "spontaneity" of the sexual act that they wish to enjoy. Another disadvantage of prior art protective masks is that in order to remove the device after the sexual act is concluded, the user has to untie the strings which can prove to be a problem if the knot is tied too tightly. A further disadvantage of prior art devices is that they limit the freedom of movement of the jaw, tongue and lips of a user which further limits the user's desired activities.

Web site: http://www.delphion.com/details?pn=US05409016__

- **Over the counter swab kit for self detection of gonorrhea in the male using saline ampule**

Inventor(s): Mennen; Frederick C. (506 Clay St., La Porte, IN 46350)

Assignee(s): none reported

Patent Number: 4,355,113

Date filed: June 19, 1981

Abstract: An over the counter swab kit for self detection of gonorrhea in the male using saline ampul. A method wherein a pledget in the form of fibrous material is impregnated with a compound which reacts with *Neisseria gonorrhea* to produce a color change. The pledget, before the test, is in a dry condition and is activated by a wetting agent such as saline, when placed in contact with the pledget. The chemical compound used and incorporated into the pledget is selected from a group consisting of phenylenediamines. A sufficient amount of saline is held within a frangible ampul to wet the pledget and then to be drawn by capillary action through the swab on which a sample of exudate as a specimen is placed. The chemical compound is in the form of a mineral acid salt which dissolves in the saline and is transported by capillary action through the pledget into the swab. A purple color is created on the tip of the swab at the site of the bacteria and is a positive test for gonorrhea. There is also disclosed a novel method for the manufacture of the novel swab kit for self detection of gonorrhea in the male.

Excerpt(s): Frederick C. Mennen, application filed Oct. 29, 1971, entitled Method and Instrument for the Detection of *Neisseria Gonorrhoeae* Without Culture, now U.S. Pat. No. 3,876,503 granted Apr. 8, 1975.... Frederick C. Mennen, application filed Dec. 30, 1974, entitled Instrument for the Detection of *Neisseria Gonorrhoeae*, Ser. No. 537,593, allowed Oct. 20, 1976, final fee paid Jan. 21, 1977, now U.S. Pat. No. 4,018,653 granted Apr. 19, 1977.... Frederick C. Mennen, application filed Mar. 28, 1975, entitled Apparatus Especially Useful for Detection of *Neisseria Gonorrhoeae* and the Like in Females, Ser. No. 563,300, granted May 4, 1976 now U.S. Pat. No. 3,954,563.

Web site: http://www.delphion.com/details?pn=US04355113__

- **Process for preparing purified syphilis antigen from *Treponema pallidum***

Inventor(s): Matsumoto; Mie (Moriyama, JP), Nagahara; Kouhei (Kamaishi, JP), Ishikawa; Fumio (Takatsuki, JP)

Assignee(s): Sekisui Chemical Co., Ltd. (Osaka, JP)

Patent Number: 5,474,900

Date filed: July 7, 1994

Abstract: A process for preparing a purified syphilis antigen from *Treponema pallidum* is presented. The process comprises the steps of obtaining an extract from *Treponema pallidum*, adsorbing the extract onto hydroxyapatite gel and eluting the antigen in the presence of a surfactant. The preferred surfactant is octylglucopyranoside, A diagnostic agent is prepared which comprises the purified syphilis antigen adsorbed on an inert carrier, which carrier at least partially a hydrophobic carrier to which the antigen is adsorbed.

Excerpt(s): The present invention relates to a process for preparing an antigen of *Treponema* (*Treponema pallidum*, hereinafter sometimes abbreviated to TP) which is

used as a reagent for diagnosing syphilis. More particularly, the present invention relates to a method for preparing an antigen which enables to prepare a diagnostic agent for syphilis, exhibiting high specificity and being able to detect primary syphilis. Further, this invention relates to a diagnostic reagent for syphilis and a method for preparing the same.... Diagnostic methods have been performed which utilize the antigen-antibody reaction of TP antigens and anti-treponemal antibodies (hereinafter abbreviated to TP antibody) in sera from syphilitic patients. Among such methods, TPHA (Treponema pallidum hemagglutination assay test) has been widely used in recent years because of the advantages in its sensitivity, specificity and convenience in operation. Therefore, the TPHA has been a typical diagnostic method for syphilis.... The antigen solution originated from TP and used in the above-mentioned method is prepared as follows: First, TP is inoculated and cultivated in rabbit testes. The treponemes are extracted and suspended in a suitable buffer and then disrupted by homogenizer, sonicator and so forth. Thus disrupted treponemes with or without solubilization was used as the antigen solution for sensitization.

Web site: http://www.delphion.com/details?pn=US05474900__

- **Process for the prevention of venereal disease**

Inventor(s): Gutnick; Morton (8329 Fairview Rd., Elkins Park, PA 19117)

Assignee(s): none reported

Patent Number: 4,102,998

Date filed: July 1, 1976

Abstract: An intrauterine contraceptive device comprising an elongated shank having divergent convoluted portions at its distal end, said convoluted portions being generally sinusoidal in nature, said device having incorporated in said shank a permanent magnet and having a substantial portion of its surface covered with a biologically inert, silicone elastomeric material which may contain an analgaesic or anti-fertility agent which is gradually released in utero. In a preferred embodiment of the invention, the proximal end of the shank contains a pair of downwardly extending divergent, resilient legs which tend to prevent inadvertent expulsion of the device. In another preferred embodiment, the lower end of the device is formed with one or more small refillable containers for certain types of medication which are released gradually into the vagina and the lower end of the uterus over a prolonged period of time for the prevention of such venereal diseases as gonorrhea, syphilis, trichomonas vaginalis and moniliasis. In the process of the invention, venereal diseases, such as gonorrhea, syphilis, trichomonas vaginalis and moniliasis, are prevented by the direct administration in the vagina continuously over a prolonged period of time of at least about 30 days to maintain in the vagina the minimum inhibitory concentration of a safe medication which will prevent, or kill the growth of the venereal disease-causing organism.

Excerpt(s): The invention relates to both new and useful improvements in contraceptive devices and processes for human beings and other animals which also serves to prevent venereal diseases.... It has been known for many years that a foreign object in the uterus will prevent conception. To date, many different types of intrauterine contraceptive devices, also known as IUDs, have been proposed, and several types are in widespread use, but none have been fully satisfactory.... Bleeding and pain account for 85 per cent of the complications or side effects of intrauterine contraceptive devices. Therefore, any device that would reduce or eliminate bleeding and pain would lead to fewer removals of intrauterine contraceptive devices for "causes," and would allow a greater percentage

of patients to "continue to use" the IUDs and would probably also expand the usage of IUDs.

Web site: http://www.delphion.com/details?pn=US04102998__

- **Radioimmune assay method for detection of gonorrhea antibodies**

Inventor(s): Maley; Frank (Delmar, NY)

Assignee(s): Research Corporation (New York, NY)

Patent Number: 3,974,269

Date filed: July 12, 1974

Abstract: Gonorrhea antibodies in serum are detected by determination of radioactivity of conjugate formed between antibodies and antigens labelled with radioactive isotope.

Excerpt(s): This application relates to improvements in the methods of detection disclosed in copending and commonly assigned patent application Ser. No. 385,863 filed on Aug. 6, 1973, the disclosure of which is hereby incorporated by reference.... This invention relates generally to methods for screening large number of persons for current or past gonorrhea infection.... Gonorrhea is one of the most commonly reported bacterial diseases in man and its persistence as a major health problem has intensified the search for new and better methods of detection.

Web site: http://www.delphion.com/details?pn=US03974269__

- **Reagent and merchandising kit for use in the diagnosis of syphilis and preparation thereof**

Inventor(s): Sato; Takashi (Saitama, JP), Kubo; Emiko (Tokyo, JP)

Assignee(s): Fujizoki Pharmaceutical Co., Ltd. (Tokyo, JP)

Patent Number: 4,618,588

Date filed: September 30, 1982

Abstract: A reagent and merchandizing kit for use in the diagnosis of syphilis by hemagglutination of an antigen obtained from a culture of pathogenic *Treponema pallidum* Nichols and which is sensitized on carrier particles in the presence of antibody wherein said antigen is substantially devoid of proteinic fractions of said culture having a specific gravity of less than 1.01, and methods of preparing the same.

Excerpt(s): This invention relates to an improved reagent for conducting a *Treponema pallidum* hemagglutination test (TPHA test) for the diagnosis of syphilis, and a process for producing the same. The TPHA test is carried out by using hemagglutination of antigen which is obtained from a culture of pathogenic *Treponema pallidum* Nichols (hereinafter referred to as TP) and which is sensitized on carrier particles, such as mammalian red blood cells, in the presence of the corresponding antibody.... More particularly, this invention relates to improving said antigen sensitized on carrier particles capable of detecting the syphilis at the primary stage (hereinafter referred to as primary syphilis).... Prior methods of diagnosing syphilis, included the STS method which was insufficient in specificity. Accordingly, various methods utilizing the antigen-antibody reaction between the antigen of TP cells and the antibody in the blood serum of a patient have been developed. For instance, the FTA test provides for the

reaction of the antibody in the serum of a patient with the antigen of TP cells, and the antibody which is the product of the above antigen-antibody reaction is detected by using the anti gamma globulin which is labelled with a fluorescent material. This FTA test is disadvantageous because it is a complicated procedure.

Web site: http://www.delphion.com/details?pn=US04618588__

- **Reaginic test for syphilis**

Inventor(s): Yabusaki; Kenichi K. (Albany, CA)

Assignee(s): Advanced Polymer Systems, Inc. (Redwood City, CA)

Patent Number: 4,738,932

Date filed: December 3, 1985

Abstract: A reaginic agglutination test for syphilis-associated antibodies is disclosed. The test uses an antigen reagent that comprises a buffered aqueous suspension of cardiolipin antigen ionically coupled to latex particles via a polypeptide bridge. Positive sera react with the antigen reagent and yield an agglutination pattern characterized by medium to large aggregates. Negative sera yield no agglutinated particles.

Excerpt(s): This invention is in the field of immunological testing. More particularly, it concerns a screening test for syphilis-associated antibodies that employs cardiolipin antigen ionically coupled to latex particles via a polypeptide bridge.... Two main categories of serologic tests for syphilis are available: tests for reaginic antibody and tests for treponemal antibody. Reaginic tests use cardiolipin as antigen and are normally used for screening because they are sensitive and fast, but lack a high degree of specificity. The treponemal tests use treponemal antigens and, because they involve a more rigorous and demanding procedure, are used principally as confirmatory tests on samples that are positive in the reaginic test.... Commercial reaginic tests are divided into two categories: microscopic and macroscopic. The microscopic tests are the Venereal Disease Research Laboratory (VDRL) slide and the Unheated Serum Reagin (USR) tests. The VDRL antigen consists of an ethanol solution of 0.03% cardiolipin, 0.9% cholesterol, and 0.21% lecithin. VDRL antigen is added to buffered saline containing 0.05% formaldehyde to form a suspension of VDRL antigen. The antigen suspension is then added to heat-treated (56.degree. C. for 30 min) serum. If the serum contains reaginic antibodies, they will combine with the antigen to form a flocculant that is visible on microscopic examination. Lack of flocculation is a negative reaction. The USR is a flocculation test similar to the VDRL. It differs from the VDRL in that it uses a VDRL antigen suspension stabilized with ethylene diamine tetraacetic acid with choline chloride added and does not require serum heating.

Web site: http://www.delphion.com/details?pn=US04738932__

- **Test method for the laboratory diagnosis of Gonorrhea and test strain of neisseria gonorrhoeae**

Inventor(s): Zubrzycki; Leonard J. (Pennsauken, NJ)

Assignee(s): Temple University of the Commonwealth System of Higher Education (Philadelphia, PA)

Patent Number: 4,446,230

Date filed: October 30, 1981

Abstract: A strain of *Neisseria gonorrhoeae* ATCC 31953 is described which is abnormal in that it has characteristically poor growth on chocolate agar at a temperature range of about 30.degree. C. to about 37.degree. C. in a CO₂ atmosphere suitable for growth of *N. gonorrhoeae*. This strain is resistant to nalidixic acid at the 5-10 mcg/ml level and resistant to streptomycin at the 1000 mcg/ml level or greater. *N. gonorrhoeae* ATCC 31953 is a test strain suitable for use in the method described for the laboratory diagnosis of gonorrhea. The method comprises the steps of (1) applying a non-toxic preparation of a patient's specimen material, directly to a culture of *Neisseria gonorrhoeae* ATCC 31953, which has abnormal growth characteristics, which is in or on a biological medium suitable for growth of normal *Neisseria gonorrhoeae*, and observing for the restoration of normal growth to the abnormal growth strain *Neisseria gonorrhoeae* ATCC 31953, in or on the biological medium of step (1), under conditions normal for growth of *Neisseria gonorrhoeae*. The observance of growth indicates positive detection of *N. gonorrhoeae* DNA.

Excerpt(s): The standard laboratory diagnosis of gonorrhea depends on isolation and subsequent identification of *Neisseria gonorrhoeae* by colony morphology, microscopic examination, biochemical or serologic tests (Kellog, Jr., et al., *Laboratory Diagnosis of Gonorrhea*, Cumitech, Amer. Soc. Microbiol., 1976). Although gram stain examination can be used to diagnose gonococcal urethritis, this technique lacks sensitivity in detecting infections of the cervix, rectum or oropharynx. Other diagnostic methods, such as serologic testing or direct fluorescent antibody staining, have not proven useful.... Because *N. gonorrhoeae* loses viability rather quickly, the best procedure for isolating gonococci is to culture a specimen as soon as possible. This requires special facilities since it is necessary to incubate the inoculated culture media at 35.degree. C.-37.degree. C. in a CO₂ atmosphere. When proper facilities are not available, specimens can be sent to a laboratory in Amies' or Stuart's transport medium or in a transport and growth medium such as Transgrow (Martin, Lester, HSMHA Health rep. 86:30, 1971). The latter procedures are not nearly as good as immediate culturing which itself is about 90-95% sensitive in detecting gonococci (Schmaly, Martin, Domesick, J. Am. Med. Assoc. 210:312, 1969; Caldwell, Price, Pazin, Cornelius, Am. J. Obst. Gynecol. 109:463, 1971).... In 1976, a transformation test was reported which could be used to identify a clinical isolate as *N. gonorrhoeae* and thereby to help diagnose gonorrhea (Janik, Juni, Heym, J. Clin. Microbiol. 4:71; Juni U.S. Pat. No. 3,930,956). A transformation test depends on detecting gonococcal DNA as compared to a culture technique which depends on isolating colonies. In preliminary laboratory studies, the test appeared to be a useable alternative to standard procedures for identifying colonies of *N. gonorrhoeae* (Bawdon, Juni, Britt, J. Clin. Microbiol. 5:108, 1977; Sarafian, Young, J. Med. Microbiol. 13:291, 1980). However, in a field trial, done in collaboration with the Centers for Disease Control, using specimens obtained from clinic patients, the test described was found to be insensitive and nonspecific for the laboratory diagnosis of gonorrhea infections.

Web site: http://www.delphion.com/details?pn=US04446230__

- **Topical application of antibodies for contraception and for prophylaxis against sexually transmitted diseases**

Inventor(s): Whaley; Kevin J. (Baltimore, MD), Cone; Richard A. (Baltimore, MD)

Assignee(s): Johns Hopkins University (Baltimore, MD)

Patent Number: 6,355,235

Date filed: November 23, 1999

Abstract: Certain antibody molecules are so stable and so potent at immobilizing sperm as well as the pathogens for sexually transmitted diseases (STDs) that they make possible new prophylactic contraceptive methods: (a) for men, a skin lotion containing antibodies against sperm and against STD pathogens to be applied to the penis and external genitals during sexual activity, thereby delivering prophylactically effective doses of antibodies to virtually all areas of skin and epithelia across which most STDs, including AIDS, are usually transmitted, and, during vaginal intercourse, the penis will deliver a contraceptively reliable dose of the antibodies to the cervical region of the vagina; and (b) for women, intrauterine devices (IUDs) and intravaginal devices (IVDS) that release antibodies into the uterus or into the vagina to provide continuous protection against pregnancy and STDs for periods of months to years.

Excerpt(s): This invention describes methods of contraception and prophylaxis against sexually transmitted diseases (STDs), including acquired immunodeficiency syndrome (AIDS), and compositions and devices for use in such methods.... There is an urgent need, worldwide, for improved contraceptives, especially male contraceptives. There is also an urgent need, worldwide, for improved prophylactic methods for preventing the spread of STDs. Vaccines could be highly valuable for meeting these needs and substantial efforts are being made to develop vaccines that will stimulate the body to synthesize its own antibodies against sperm and against STD pathogens. However, no contraceptive vaccine is yet available, and for some STDs, including AIDS, there is considerable doubt that a vaccine can ever be developed--infected individuals develop high titers of anti-HIV antibodies but this immunity to HIV does not stop the fatal course of AIDS.... In the absence of vaccines, the most effective methods now available for preventing both pregnancy and STDs are the condom, and the topical spermicidal contraceptives--foams, jellies, suppositories, and sponges. Condoms are both contraceptive and prophylactic since they create a mechanical barrier that prevents sperm as well as STD pathogens in the ejaculate from contacting the sexual partner. Many topical contraceptives are also both contraceptive and prophylactic since they use detergents for their active (spermicidal) ingredient, usually the nonionic detergent nonoxynol-9. Detergents not only kill (lyse) sperm, they also kill many pathogenic bacteria, protozoa, and viruses. Unfortunately, detergents also injure epithelial cells, and many people cannot use topical contraceptives because the detergents cause too much irritation, especially to the urethra. Also, detergents are only active for a short time after being applied to a mucus epithelium: contraceptive suppositories start to become unreliable about 45 minutes after being inserted in the vagina because detergents become inactive after solubilizing oily molecules. Detergents are also absorbed into the body through mucus epithelia.

Web site: http://www.delphion.com/details?pn=US06355235__

- **Topical application of antibodies for prophylaxis against sexually transmitted diseases and pregnancy**

Inventor(s): Whaley; Kevin J. (Baltimore, MD), Cone; Richard A. (Baltimore, MD)

Assignee(s): Johns Hopkins University (Baltimore, MD)

Patent Number: 6,045,786

Date filed: February 1, 1993

Abstract: Certain antibody molecules are so stable and so potent at immobilizing sperm as well as the pathogens for sexually transmitted diseases (STDs) that they make possible new prophylactic contraceptive methods: (a) for men, a skin lotion containing antibodies against sperm and against STD pathogens to be applied to the penis and external genitals during sexual activity, thereby delivering prophylactically effective doses of antibodies to virtually all areas of skin and epithelia across which most STDs, including AIDS, are usually transmitted, and, during vaginal intercourse, the penis will deliver a contraceptively reliable dose of the antibodies to the cervical region of the vagina; and (b) for women, intrauterine devices (IUDs) and intravaginal devices (IVDs) that release antibodies into the uterus or into the vagina to provide continuous protection against pregnancy and STDs for periods of months to years.

Excerpt(s): This invention describes methods of contraception and prophylaxis against sexually transmitted diseases (STDs), including acquired immunodeficiency syndrome (AIDS), and compositions and devices for use in such methods.... There is an urgent need, worldwide, for improved contraceptives, especially male contraceptives. There is also an urgent need, worldwide, for improved prophylactic methods for preventing the spread of STDs. Vaccines could be highly valuable for meeting these needs and substantial efforts are being made to develop vaccines that will stimulate the body to synthesize its own antibodies against sperm and against STD pathogens. However, no contraceptive vaccine is yet available, and for some STDs, including AIDS, there is considerable doubt that a vaccine can ever be developed--infected individuals develop high titers of anti-HIV antibodies but this immunity to HIV does not stop the fatal course of AIDS.... In the absence of vaccines, the most effective methods now available for preventing both pregnancy and STDs are the condom, and the topical spermicidal contraceptives--foams, jellies, suppositories, and sponges. Condoms are both contraceptive and prophylactic since they create a mechanical barrier that prevents sperm as well as STD pathogens in the ejaculate from contacting the sexual partner. Many topical contraceptives are also both contraceptive and prophylactic since they use detergents for their active (spermicidal) ingredient, usually the nonionic detergent nonoxynol-9. Detergents not only kill (lyse) sperm, they also kill many pathogenic bacteria, protozoa, and viruses. Unfortunately, detergents also injure epithelial cells, and many people cannot use topical contraceptives because the detergents cause too much irritation, especially to the urethra. Also, detergents are only active for a short time after being applied to a mucus epithelium: contraceptive suppositories start to become unreliable about 45 minutes after being inserted in the vagina because detergents become inactive after solubilizing oily molecules. Detergents are also absorbed into the body through mucus epithelia.

Web site: http://www.delphion.com/details?pn=US06045786__

- **Vagina cleaning system for preventing pregnancy and sexually transmitted diseases**

Inventor(s): Pan; Shen (462 Burns Dr., Westerville, OH 43082), Liu; James Zhou (462 Burns Dr., Westerville, OH 43082)

Assignee(s): none reported

Patent Number: 6,447,490

Date filed: May 17, 2000

Abstract: The present invention discloses an improved vagina cleaning system. The improved system comprises a vagina opener, a vagina cleaning-solution sprayer, a multiple-functional vagina cleaning solution, and a health-promoting bacteria introducer. The system is used to remove semen from the vagina to prevent pregnancy, to reduce pathogenic microorganisms in the vagina to prevent sexually transmitted diseases, to remove other unwanted materials from the vagina to eliminate discomfort, and to add health-promoting bacteria into the vagina to prevent abnormal colonization of microflora in the vaginal cavity. The present invention also discloses methods of using the system for cleaning the vaginal cavity and for introducing health-promoting bacteria into the vaginal cavity.

Excerpt(s): The present invention relates generally to an improved vagina cleaning system to be used for removing unwanted substances from a woman's vagina. The vagina cleaning system of the present invention includes an improved vagina opener, a simplified vagina-cleaning device and a multi-functional vagina cleaning solution. A device used to introduce health-promoting probiotic bacteria into the vagina may also be used as part of the system. Also included is a method of using the vagina cleaning system of the present invention.... The incidence of sexually transmitted diseases, including human immunodeficiency virus (HIV) infection, is increasing in children, adolescents, young adults, as well as others who are sexually active. It has been reported that approximately 50% of American adolescents are sexually active by age 16 years (Committee on Infectious Diseases, American Academy of Pediatrics: 1994 Red Book, Report of the Committee on Infectious Diseases, 23rd edition, G. Peter, N. A. Halsey, E. K. Marcuse & L. K. Pickering, eds. p. 103, American Academy of Pediatrics, 1994, Elk Grove Village, Ill.). Sexually experienced adolescents have the highest rate of sexually transmitted diseases as compared to any age group. Being pregnant is not the desired consequence of sexual activity for most adolescent girls.... The American Academy of Pediatrics reported that traditional sexually transmitted diseases, including syphilis, gonorrhea, chancroid, and lymphogranuloma venereum, are still prevalent today. Currently, HIV, hepatitis B virus and Chlamydia trachomatis are major pathogens of sexually transmitted diseases (Committee on Infectious Diseases, American Academy of Pediatrics: 1994 Red Book. Report of the Committee on Infectious Diseases, 23rd edition, G. Peter, N. A. Halsey, E. K. Marcuse & L. K. Pickering, eds. pp. 104-106, American Academy of Pediatrics, 1994, Elk Grove Village, Ill.). Although certain sexually transmitted diseases are treatable, some of those caused by Candida albicans, cytomegalovirus, HIV, and Herpes simplex types 1 and 2, lack effective and/or inexpensive treatment methods.

Web site: http://www.delphion.com/details?pn=US06447490__

- **Vaginal device for preventing conception or the transmission of sexually transmitted diseases, or both**

Inventor(s): Sokal; David C. (Mebane, NC), Dorflinger; Laneta J. (Durham, NC), Martin; Parthena M. (Chapel Hill, NC), Luukkainen; J.V. Tapani (Espoo, FI)

Assignee(s): Family Health International (Durham, NC)

Patent Number: 5,819,742

Date filed: October 30, 1997

Abstract: A vaginal device provides physical and chemical barriers to contraception or protection against sexually transmitted diseases, or both. The device includes a towelette having approximately 5 ml of preventive formulation incorporated therein by absorption. During intercourse, the towelette rests in the upper vagina and effectively functions as both a physical and chemical barrier to contraception. In some embodiments, the towelette may become compressed into a crumpled, disc-like shape, which may enhance its properties as a physical barrier. Means to facilitate insertion and removal of the device are described.

Excerpt(s): This application claims the benefit under Title 35, United States Code, section 119(e) of U.S. Provisional patent application Ser. No. 60/030,361, filed Nov. 6, 1996.... The invention relates to a vaginal device providing physical and chemical barriers to contraception or protection against sexually transmitted diseases (STDs), or both.... Vaginal sponge contraceptives have gained favor as a single-use contraceptive providing a physical barrier to sperm entry to the cervical canal as well as a chemical barrier due to a chemical spermicidal agent typically included in the sponge. Vaginal sponges are formed of compressible polyurethane foam or other plastic foam material in the shape of a sphere, disc or doughnut. The sponge, when inserted into the vagina to cover the cervical area, has the ability to absorb sperm and block passage of sperm to the cervical canal. Additionally, spermicide may be released from the sponge to create the mentioned simultaneous chemical barrier. Disadvantages of the sponge include its expense and its large size and resultant bulky packaging requirements. Also, in its usual application, the sponge does not provide material protection against transmission of STDs.

Web site: http://www.delphion.com/details?pn=US05819742__

- **Vaginal shield for preventing sexually transmitted diseases**

Inventor(s): Carter; Johnnie (19757 Edinborough, Detroit, MI 48219), Harris; Robert L. (16500 Patton St., Detroit, MI 48219)

Assignee(s): none reported

Patent Number: 4,967,767

Date filed: August 3, 1989

Abstract: A shield appliance including a shield support strap structure that fits over the lower end of a female user, and a non-porous, elastic shield member, detachably carried by the support strap member, detachably carried by the support strap structure, and positioned over the perineal area of the female use to protect against vaginal contact, and prevent the spread of sexually transmitted diseases, during cunnilingus.

Excerpt(s): The field of art to which this invention pertains may be generally located in the class of devices relating to prophylactic devices. Class 128, Surgery, Sub-Class 132,

United States Patent Office Classification, appears to be the applicable general area of art to which the subject matter similar to this invention has been classified in the past.... A disadvantage of the aforementioned devices is that they are not capable of permitting cunnilingus, while also preventing the transmission of sexual disease.... In accordance with the present invention, a vaginal shield is provided which assists in preventing the spread of sexually transmitted diseases during cunnilingus. The vaginal shield includes a support means which comprises a body encircling support member which carries a pair of left and right support straps that extend from the front side of the support member downwardly and through the crotch of a person wearing the vaginal shield, and thence upwardly and to a fixed engagement with the rear side of the support member. A shield member is detachably carried by the support means and completely covers the vagina, and it extends downwardly and under the crotch of the person wearing the shield and thence upwardly to cover the anus, so as to cover the entire perineal area. The vagina shield is made of a suitable non-porous, latex rubber of a thickness which will not allow sexually transmitted organisms to permeate its wall during use of the shield. The shield allows access to the female genitalia while preventing the exchange of body secretions, that is saliva and vaginal secretions, both of which could contain sexually transmitted disease organisms. The vagina shield is designed for a one time use only.

Web site: http://www.delphion.com/details?pn=US04967767__

Patent Applications on Sexually Transmitted Diseases

As of December 2000, U.S. patent applications are open to public viewing.¹⁰ Applications are patent requests which have yet to be granted. (The process to achieve a patent can take several years.) The following patent applications have been filed since December 2000 relating to sexually transmitted diseases:

- **Nucleic acids for the prevention and treatment of sexually transmitted diseases**

Inventor(s): Bratzler, Robert L. (Concord, MA), Petersen, Deanna M. (Newton, MA)

Correspondence: Maria A. Trevisan; c/o Wolf, Greenfield & Sacks, P.C. Federal Reserve Plaza; 600 Atlantic Avenue; Boston; MA; 02210-2211; US

Patent Application Number: 20020091097

Date filed: September 7, 2001

Abstract: The invention relates to methods and products for preventing and/or treating sexually transmitted diseases. A nucleic acid and optionally an anti-STD agent, a birth control agent and/or a birth control device are administered, optionally in the context of a sustained release device to a subject to prevent or treat STD.

Excerpt(s): This application claims priority under Title 35.sctn.119(e), of United States Provisional Application No. 60/230,637, filed Sep. 7, 2000, entitled NUCLEIC ACIDS FOR THE PREVENTION AND TREATMENT OF SEXUALLY TRANSMITTED DISEASES, the entire contents of which are incorporated herein by reference.... The invention relates to methods, products, and kits for treating and/or preventing sexually transmitted diseases.... Millions of individuals worldwide suffer from sexually transmitted diseases (STDs), which are generally bacterial, viral or parasite infections

¹⁰ This has been a common practice outside the United States prior to December 2000.

transferred between persons through sexual contact. In the past, STDs such as gonorrhea and syphilis were readily treatable with antibiotics such as penicillin. However, more recently, some forms of STDs, such as Herpes and Hepatitis B, have been recognized which cannot be cured effectively. In addition, many types of STD-causing pathogens have developed resistance to commonly used antibiotics (e.g., penicillin resistant gonorrhea).

Web site: <http://appft1.uspto.gov/netahtml/PTO/search-bool.html>

- **Vagina cleaning system for preventing pregnancy and sexually transmitted diseases**

Inventor(s): Liu, James Zhou; (Westerville, OH), Pan, Shen; (Westerville, OH)

Correspondence: STANDLEY & GILCREST LLP; 495 METRO PLACE SOUTH; SUITE 210; DUBLIN; OH; 43017; US

Patent Application Number: 20020055723

Date filed: May 17, 2000

Abstract: The present invention discloses an improved vagina cleaning system. The improved system comprises a vagina opener, a vagina cleaning-solution sprayer, a multiple-functional vagina cleaning solution, and a health-promoting bacteria introducer. The system is used to remove semen from the vagina to prevent pregnancy, to reduce pathogenic microorganisms in the vagina to prevent sexually transmitted diseases, to remove other unwanted materials from the vagina to eliminate discomfort, and to add health-promoting bacteria into the vagina to prevent abnormal colonization of microflora in the vaginal cavity. The present invention also discloses methods of using the system for cleaning the vaginal cavity and for introducing health-promoting bacteria into the vaginal cavity.

Excerpt(s): This is a continuation-in-part of application Ser. No. 09/201,219, filed Nov. 30, 1998, now pending, which itself is a continuation-in-part of application Ser. No. 08/908,419, filed Aug. 7, 1997, now abandoned.... The present invention relates generally to an improved vagina cleaning system to be used for removing unwanted substances from a woman's vagina. The vagina cleaning system of the present invention includes an improved vagina opener, a simplified vagina-cleaning device and a multi-functional vagina cleaning solution. A device used to introduce health-promoting probiotic bacteria into the vagina may also be used as part of the system. Also included is a method of using the vagina cleaning system of the present invention.... The incidence of sexually transmitted diseases, including human immunodeficiency virus (HIV) infection, is increasing in children, adolescents, young adults, as well as others who are sexually active. It has been reported that approximately 50% of American adolescents are sexually active by age 16 years (Committee on Infectious Diseases, American Academy of Pediatrics: 1994 Red Book, Report of the Committee on Infectious Diseases, 23rd edition, G. Peter, N. A. Halsey, E. K. Marcuse & L. K. Pickering, eds. p. 103, American Academy of Pediatrics, 1994, Elk Grove Village, Ill.). Sexually experienced adolescents have the highest rate of sexually transmitted diseases as compared to any age group. Being pregnant is not the desired consequence of sexual activity for most adolescent girls.

Web site: <http://appft1.uspto.gov/netahtml/PTO/search-bool.html>

Keeping Current

In order to stay informed about patents and patent applications dealing with sexually transmitted diseases, you can access the U.S. Patent Office archive via the Internet at the following Web address: <http://www.uspto.gov/patft/index.html>. You will see two broad options: (1) Issued Patent, and (2) Published Applications. To see a list of issued patents, perform the following steps: Under "Issued Patents," click "Quick Search." Then, type "sexually transmitted diseases" (or synonyms) into the "Term 1" box. After clicking on the search button, scroll down to see the various patents which have been granted to date on sexually transmitted diseases.

You can also use this procedure to view pending patent applications concerning sexually transmitted diseases. Simply go back to <http://www.uspto.gov/patft/index.html>. Select "Quick Search" under "Published Applications." Then proceed with the steps listed above.

CHAPTER 7. BOOKS ON SEXUALLY TRANSMITTED DISEASES

Overview

This chapter provides bibliographic book references relating to sexually transmitted diseases. In addition to online booksellers such as **www.amazon.com** and **www.bn.com**, excellent sources for book titles on sexually transmitted diseases include the Combined Health Information Database and the National Library of Medicine. Your local medical library also may have these titles available for loan.

Book Summaries: Federal Agencies

The Combined Health Information Database collects various book abstracts from a variety of healthcare institutions and federal agencies. To access these summaries, go directly to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. You will need to use the "Detailed Search" option. To find book summaries, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer. For the format option, select "Monograph/Book." Now type "sexually transmitted diseases" (or synonyms) into the "For these words:" box. You should check back periodically with this database which is updated every three months. The following is a typical result when searching for books on sexually transmitted diseases:

- **Everybody: Preventing HIV and Other Sexually Transmitted Diseases Among Young Teens**

Contact: RAD Educational Programs, PO Box 1433, Carbondale, CO, 81623, (970) 963-1727, <http://www.prevtails.net>.

Summary: This teaching guide provides a curriculum for the education of children and adolescents in grades five through nine about preventing the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and other sexually transmitted diseases (STDs). It teaches that there are two ways to prevent HIV and other STDs: through risk elimination (e.g., sexual abstinence) or risk reduction (e.g., using condoms). The guide discusses classroom implementation, integrating other curricula, coordinating with school health programming, teaching in diversified cultural

environments, customizing the curriculum to fit the nature of the classroom environment, understanding the format of curriculum-based activities, and assessing of the effectiveness of the curriculum. It covers general information about HIV/AIDS, its transmission, prevention, and testing; general information on other STDs including their long-term effects, symptoms, transmission, and treatment; and the link between STDs and substance abuse.

- **The Hidden Epidemic: Confronting Sexually Transmitted Diseases**

Contact: National Academy Press, 2101 Constitution Ave NW, Box 285, Washington, DC, 20055, (202) 334-3313.

Summary: This book focuses on what is termed the hidden epidemic of sexually transmitted diseases (STDs) in the United States. STDs are hidden from public discussion because many Americans are reluctant to openly address sexual health issues and because of the biological and social factors associated with these diseases. The main objective of the report is to educate health professionals, policymakers, and the public regarding the consequences of STDs. The book sets forth conclusions and recommendations presented by the Committee on Prevention and Control of STDs of the Institute of Medicine and submits a national strategy for confronting STDs on many levels. The first chapter presents an overview of the problem. Chapter 2 describes the health and economic impact of STDs. Chapter three presents information regarding the reasons why the United States has been unable to confront STDs. The fourth chapter describes the individual factors influencing personal risk for STDs. Chapter 5 addresses STD prevention services. Chapter 6 contains the assessment of the current system of STD prevention.

- **AIDS and Sexually Transmitted Diseases**

Source: Consumer Health USA, 1995.

Contact: Oryx Press, 4041 North Central Ave, Suite 700, Phoenix, AZ, 85012-3397, (800) 279-6799.

Summary: This book chapter on AIDS and sexually transmitted diseases is taken from a volume presenting information on the prevention, diagnosis, and treatment of diseases and disorders. The book is a collection of consumer health publications from sources including the National Cancer Institute, the Food and Drug Administration (FDA), the Agency for Health Care Policy and Research, National Institute on Aging, National Institutes of Health, and the Centers for Disease Control and Prevention (CDC). The AIDS chapter addresses the following topics: caring for someone with AIDS; condom use; HIV and children and infants; and HIV transmission and prevention.

- **Adolescent Health: State of the Nation, Monograph Number 2: Pregnancy, Sexually Transmitted Diseases, and Related Risk Behaviors Among U.S. Adolescents**

Contact: US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and, Health Promotion, Division of Adolescent and School Health, 3005 Chamblle Tucker Rd, Atlanta, GA, 30341-3724, (770) 448-3252.

Summary: This monograph reports on the consequences of early, unprotected sexual intercourse among adolescents. It is designed to provide state and local education and health agencies with information about priority health outcomes among adolescents aged 10-24 years. The monograph shows changes over time in the rates of pregnancy,

abortion, live births, gonorrhea, and chlamydia. In addition, the national and state profiles include data about live birth rates and trends by age group; live birth rates by race/ethnicity; pregnancy rates (both abortion and live births) by age group; gonorrhea rates and trends by age group and sex; chlamydia cases, rates, and trends by sex; cumulative AIDS case counts by age group and sex; and related risk behaviors for high school students by sex.

- **Healthy People 2000: Sexually Transmitted Diseases Resource List**

Contact: Office of Disease Prevention and Health Promotion, Communication Support Center, PO Box 37366, Washington, DC, 20013-7366, (301) 468-5960.

Summary: This brief directory provides Federal and national information sources on sexually transmitted diseases (STDs). The Healthy People 2000 year 2000 objectives for STDs are listed. The services provided are summarized for each organization along with contact information. Suggestions for state and local contacts and Federal data sources are also mentioned.

- **Sexually Transmitted Diseases: Companion Handbook**

Contact: McGraw - Hill, Incorporated, 1221 Avenue of the Americas, New York, NY, 10020, (212) 512-2000.

Summary: This seven-part handbook is primarily intended for use by clinicians and public health professionals in the evaluation and treatment of patients with sexually transmitted diseases (STD). Its therapeutic recommendations are based upon the Centers for Disease Control Sexually Transmitted Diseases Treatment Guidelines. Its chapters cover: 1) the epidemiology of STD's; 2) the systematic approach to the patient with an STD; 3) sexually transmitted agents (bacteria, viruses, ectoparasites, and protozoans); 4) treatment of common clinical syndromes; 5) STD's in reproduction, perinatology, and pediatrics; 6) counseling patients with STD's; and 7) sexual assault and STD's.

- **Sexually Transmitted Diseases and Today's Youth**

Contact: PPI Publishing, PO Box 576, Dayton, OH, 45401.

Summary: This monograph aims to prepare all members of society to understand the facts, values, and options they need in order to protect themselves from HIV and other sexually transmitted diseases (STDs). It discusses statistical facts about STDs and AIDS and presents information and history on specific STDs. The monograph also describes transmission and prevention; diagnosis, testing, and prognosis; treatment, compliance, and cooperation; STDs, contraception, and pregnancy; and research and education. A chapter outlines public health agency STD programs and activities, which include surveillance, STD education and training, screening, and partner notification. It also includes information on STDs and legal issues, substance and alcohol abuse, and international health. The final chapter encourages the reader to choose to be influenced by appropriate role models, and to use problem-solving, survival, and decision-making techniques to promote optimal health. A listing of national and international resources is found in the appendix.

- **Age, Gender, and Sexual Risk Behaviors for Sexually Transmitted Diseases in the United States**

Source: Research Issues in Human Behavior and Sexually Transmitted Diseases in the AIDS Era.

Contact: American Society for Microbiology, 1325 Massachusetts Ave NW, Washington, DC, 20005-4171, (202) 942-9295.

Summary: This book chapter outlines development of sexual behavior throughout the life cycle, particularly in regard to high-risk behavior for sexually transmitted diseases (STD's). Life cycle periods are examined separately as follows: early and middle childhood; adolescence, here divided into early (10 to 14 years), middle (15 to 16 years), and late (17 to 20 years); adolescence; young adulthood, or the reproductive years; the middle years; and old age, over 70 years. Adolescence is emphasized as a critical period, marking the beginning of sexual relations and behavior patterns associated with disease transmission. The chapter also summarizes physiological risk factors for STD's within the context of age and gender. The authors discuss the normal sequence of physiological changes in the genital tract and age-related patterns of health behaviors influencing transmission of STD's. Gender was found not only to influence sexual behavior, but also to affect the transmission of some STD's, the ease with which infection is detected, and careseeking behaviors. The authors conclude that risk factors for STD's and HIV vary with age and gender, and are accentuated by physiological characteristics and behavioral patterns. They recommend that strategies for prevention, intervention, and health care be tailored and specific, as well as interdisciplinary, rather than global and general. The conclusion presents a synthesis of sexual risk behaviors and physiological changes that predispose to STD's and their implications for intervention.

- **Sexually Transmitted Diseases: Problems in Primary Care**

Contact: Practice Management Information Corporation, 4727 Wilshire Blvd Ste 300, Los Angeles, CA, 90010, (800) 633-7467.

Summary: This monograph provides basic and practical information on sexually transmitted diseases (STDs). It is designed for physicians, particularly those practicing family and emergency medicine. The monograph describes how various STDs are spread and exactly what is meant by safe sexual practices. It covers the many types of venereal disease (VD) currently prevalent, as well as non-VD infections that can be spread by sexual contact. Each chapter deals with one type of disease, or groups of closely related diseases or infections. Methods of recognizing, treating, and preventing each disease are covered. The effectiveness and outcome statistics for treatments are discussed, with effectiveness based on current sensitivities of the infecting organism. The type of the organism and its life cycle are described. Chapters on the "classic" STDs include: gonorrhea, syphilis, lymphogranuloma venereum, and chancroid. Other chapters discuss: HIV infection, herpes simplex, cytomegalovirus (CMV), human papilloma virus (HPV), hepatitis, and chlamydia. The monograph also contains information concerning related topics such as management of rape victims and contraception.

- **STD: Sexually Transmitted Diseases, Including HIV/AIDS**

Contact: Medtext, Inc., 15 W 560 89th st, Hinsdale, IL, 60521, (708) 325-3277.

Summary: This book teaches about sexually transmitted diseases (STD's). It tells who can get STD's, what an STD is, and how STD's are spread. It describes tests and

treatments for STD's; addresses risk behaviors for getting STD's; and emphasizes prevention. This third edition is organized into four parts: 1) basic information, 2) prevention, 3) case reports, and 4) appendixes. A list of AIDS hotlines for English-speaking countries is included.

- **The Importance of An Interdisciplinary Approach to Prevention of Sexually Transmitted Diseases**

Source: Research Issues in Human Behavior and Sexually Transmitted Diseases in the AIDS Era.

Contact: US Government Printing Office, PO Box 371954, Pittsburgh, PA, 15250-7954, (202) 512-1800, <http://www.access.gpo.gov>. American Society for Microbiology, 1325 Massachusetts Ave NW, Washington, DC, 20005-4171, (202) 942-9295.

Summary: This chapter discusses the interdisciplinary approach to the prevention of sexually transmitted diseases (STD's). It questions the existence of a significant health problem in the treatment of nonviral STD's when scientific advancements in the fields of molecular biology and immunology have resulted in diagnostic and therapeutic breakthroughs. It suggests the value of antiviral therapies is minimal, in terms of decreasing overall incidence and prevalence of HIV and herpes simplex virus (HSV) infection; antimicrobial therapy is fundamentally inadequate as a means of total disease control; and effective vaccines are not yet available. The chapter cites social and economic issues as additional causes of STD's in society. It describes the activities of health care providers, clinical and molecular microbiologists, epidemiologists, psychologists, and sociologists as they relate to the prevention and treatment of STD's. Finally, the authors observe that solutions to some of the problems confronting people studying STD's require an integration of disciplines. They believe that collaboration, effective communication, and an understanding of the limitations of one's own area of expertise will result in the formulation of creative, innovative strategies for intervention, prevention, and control.

- **Research Issues in Human Behavior and Sexually Transmitted Diseases in the AIDS Era**

Contact: American Society for Microbiology, 1325 Massachusetts Ave NW, Washington, DC, 20005-4171, (202) 942-9295.

Summary: This monograph explores recent research into human behavior as it relates to Sexually transmitted diseases (STD's), including Human immunodeficiency virus (HIV) infection. An introductory chapter discusses the importance of using an interdisciplinary approach in preventing STD's. Following that, the monograph is divided into four sections. The first considers the biology, symptoms, and epidemiology of STD's, and the resulting implications for intervention and research. This section includes chapters on biology and natural history, the behavioral component in STD transmission, and the epidemiology of STD's in developing nations. The second section of the monograph focuses on behavioral risk factors. This section considers age, gender, demographic, societal, and personality factors; risky behaviors; trends; and health care utilization. The third section examines the design of interventions in STD control, such as alternative models of behavior change, large-scale interventions, and epidemiological and ethnographic methods for research. The concluding section studies behavioral interventions in prevention and control, looking at approaches in North America and Western Europe, in developing countries, and in industrialized countries.

- **Crack Contributes to the Spread of AIDS and Other Sexually Transmitted Diseases**

Source: Drug Abuse - The Crack Cocaine Epidemic: Health Consequences and Treatment.

Contact: US General Accounting Office, Document Distribution Center, 700 4th St NW Rm 1100, Washington, DC, 20548, (202) 512-6000, <http://www.gao.gov>.

Summary: This book chapter examines the possible link between the use of crack cocaine and Acquired immunodeficiency syndrome (AIDS). It says that studies have shown crack users are more likely to engage in risky sexual behaviors, such as having repeated sex with multiple partners or exchanging sex for drugs. A survey of adolescent crack users showed the majority engaged in unprotected intercourse while using crack, and that Sexually transmitted disease (STD's), including Human immunodeficiency virus (HIV) infection, were very common. The chapter cites other studies that show rises in the rates of syphilis and gonorrhea among crack users.

- **Sexually Transmitted Diseases: Clinical Practice Guidelines**

Contact: US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Center for Prevention, Division of STD, 1600 Clifton Rd, Atlanta, GA, 30333, (404) 639-1879.

Summary: This guide provides model protocols for: 1) the organization, operation, and management of a clinic for sexually transmitted diseases, 2) patient management, and 3) medical treatment for 22 of the common STD's, including HIV. Appendixes cover additional information on equipment and supplies, registration, medical records, performance evaluations, medical care, laboratory services, quality assurance, and disease reporting. These protocols may be used and adapted for traditional and non-traditional STD clinics, and integrated into medical school curricula.

- **AIDS: Historic Overview of Syphilis and Its Significance to Contemporary Medical Policy. Medical Library Association's 89th Annual Meeting**

Contact: Teach'em, Incorporated, 160 E Illinois, Chicago, IL, 60611, (312) 467-0424.

Summary: In this sound recording of a session from the Medical Library Association's 89th Annual Meeting, the epidemic of Acquired immunodeficiency syndrome (AIDS), caused by the Human immunodeficiency virus (HIV), is discussed from the viewpoint of the medical historian. He says that the way society reacts to disease shows its deepest cultural, social, and moral values. He discusses the denial that existed in this country for a long time about the real causes of syphilis and gonorrhea. He says that there are many similarities between the way the public reacts to AIDS today and the reaction against syphilis and gonorrhea early in the 20th century. He says that the major public health campaigns used today were developed early in this century. He discusses the distinction made by the public between innocent and guilty victims of Sexually transmitted diseases (STD's). He compares this attitude to the distinction made today between Persons with AIDS (PWA's). He describes the effort to lower the STD rates during World War I by closing down the red light districts in 110 cities. Between 40,000 and 60,000 prostitutes were incarcerated in barbed-wire camps throughout the war, but the rate of STD's was not affected. He says that the social policy response to AIDS must be faced in the coming years. It must be decided what is safe and how risks can be compared. He discusses the involvement of the AIDS epidemic in the political process, which led to compulsory HIV testing for marriage-license applicants in Louisiana and Illinois. He concludes his discussion by saying that society needs a deeper medical and

cultural understanding of the AIDS epidemic. A question-and-answer period follows the presentation.

- **Sexually Transmitted Disease Surveillance 2000**

Contact: US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for HIV STD and TB Prevention, 1600 Clifton Rd NE MS E06, Atlanta, GA, 30333, (404) 639-8063, <http://www.cdc.gov/nchstp/od/nchstp.html>.

Summary: This report provides policy makers, program managers, health planners, researchers, and others who are concerned with the public health with implications of sexually transmitted diseases (STDs) with statistics and trends of STDs in the United States (US) through 2000. It consists of four sections: (1) a national profile section, which contains figures that provide an overview of STD morbidity in the US and text identifying major findings and trends for selected STDs, including chlamydia, gonorrhea, and syphilis; (2) a special focus profiles section, which highlights trends and distribution of STDs in populations of particular interest for STD and HIV prevention programs in State and local health departments, including women and infants, adolescents and young adults, racial and ethnic minorities, men who have sex with men, persons entering corrections facilities, and persons living in the South; (3) a detailed tables section, which presents statistical information about STDs, including chlamydia, gonorrhea, syphilis, and chancroid at the State, county, city, and national levels; and (4) an appendix, which includes the sources and limitations of the data used to produce the report, tables and figures that demonstrate the progress made toward Healthy People 2010 Priority Area 25, and figures that show progress made by States in converting from hardcopy aggregate reporting to electronic line-listed data submissions.

Book Summaries: Online Booksellers

Commercial Internet-based booksellers, such as Amazon.com and Barnes&Noble.com, offer summaries which have been supplied by each title's publisher. Some summaries also include customer reviews. Your local bookseller may have access to in-house and commercial databases that index all published books (e.g. Books in Print®). **IMPORTANT NOTE:** Online booksellers typically produce search results for medical and non-medical books. When searching for "sexually transmitted diseases" at online booksellers' Web sites, you may discover non-medical books that use the generic term "sexually transmitted diseases" (or a synonym) in their titles. The following is indicative of the results you might find when searching for "sexually transmitted diseases" (sorted alphabetically by title; follow the hyperlink to view more details at Amazon.com):

- **1998 Guidelines for Treatment of Sexually Transmitted Diseases** by Centers for Disease Control, et al (1998); ISBN: 188320545X; <http://www.amazon.com/exec/obidos/ASIN/188320545X/icongroupinterna>
- **201 Things You Should Know About AIDS and Other Sexually Transmitted Diseases** by Jeffrey S. Nevid, Fern Gotfried; ISBN: 0205148735; <http://www.amazon.com/exec/obidos/ASIN/0205148735/icongroupinterna>
- **A Colour Atlas of Sexually Transmitted Diseases** by Anthony Wisdom MB BS; ISBN: 0723415056; <http://www.amazon.com/exec/obidos/ASIN/0723415056/icongroupinterna>

- **A short textbook of venereology : the sexually transmitted diseases** by R. D. Catterall; ISBN: 0340167394;
<http://www.amazon.com/exec/obidos/ASIN/0340167394/icongroupinterna>
- **ABC of Sexually Transmitted Diseases** by Michael W. Adler; ISBN: 0727913689;
<http://www.amazon.com/exec/obidos/ASIN/0727913689/icongroupinterna>
- **ABC of Sexually Transmitted Diseases** (1991); ISBN: 0727901214;
<http://www.amazon.com/exec/obidos/ASIN/0727901214/icongroupinterna>
- **ABC of Sexually Transmitted Diseases** by Adler (2003); ISBN: 0727917617;
<http://www.amazon.com/exec/obidos/ASIN/0727917617/icongroupinterna>
- **ABC's of Std: A Guide to Sexually Transmitted Diseases** by Meltzer; ISBN: 0920792197;
<http://www.amazon.com/exec/obidos/ASIN/0920792197/icongroupinterna>
- **Adolescents and Sexually Transmitted Diseases** by Penelope T. Hitchcock (Editor), et al; ISBN: 0195120671;
<http://www.amazon.com/exec/obidos/ASIN/0195120671/icongroupinterna>
- **AIDS and Other Sexually Transmitted Diseases**; ISBN: 0673295710;
<http://www.amazon.com/exec/obidos/ASIN/0673295710/icongroupinterna>
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- **Sexually Transmitted Diseases: Methods and Protocols** by Rosanna Peeling (Editor), P. Frederick Sparling (Editor); ISBN: 0896035352;
<http://www.amazon.com/exec/obidos/ASIN/0896035352/icongroupinterna>
- **Sexually Transmitted Diseases: Proceedings of a Conference Sponsored Jointly by the Royal Society of Medicine and the Royal Society of Medicine found** by R.D. Catterall (Editor); ISBN: 0121641503;
<http://www.amazon.com/exec/obidos/ASIN/0121641503/icongroupinterna>
- **Sexually Transmitted Diseases: The Facts** by David Barlow; ISBN: 0192611577;
<http://www.amazon.com/exec/obidos/ASIN/0192611577/icongroupinterna>
- **Sexually Transmitted Diseases: Vaccines, Prevention and Control** by Lawrence R. Stanberry (Editor), David I. Bernstein (Editor); ISBN: 0126633304;
<http://www.amazon.com/exec/obidos/ASIN/0126633304/icongroupinterna>
- **Sexually Transmitted Diseases: You May Have One but Don't Know It** by Antonio Novak, Dr. Feliciano, Antonio E., Jr., Dr. Feliciano; ISBN: 0533101808;
<http://www.amazon.com/exec/obidos/ASIN/0533101808/icongroupinterna>
- **Sexually Transmitted Diseases-Epidemic Among Teenagers** by Jules Saltman (1974); ISBN: 9996618293;
<http://www.amazon.com/exec/obidos/ASIN/9996618293/icongroupinterna>
- **Slide Atlas of Sexually Transmitted Diseases** by Stephen A. Morse MSPH PhD, et al; ISBN: 039746438X;
<http://www.amazon.com/exec/obidos/ASIN/039746438X/icongroupinterna>
- **Soap, Water, and Sex: A Lively Guide to the Benefits of Sexual Hygiene and to Coping With Sexually Transmitted Diseases** by Jacob Lipman (1998); ISBN: 1573921939;
<http://www.amazon.com/exec/obidos/ASIN/1573921939/icongroupinterna>
- **Social and health aspects of sexually transmitted diseases : principles of control measures : study based on the technical discussions held during the Twenty-eighth World Health Assembly, 1975**; ISBN: 9241300655;
<http://www.amazon.com/exec/obidos/ASIN/9241300655/icongroupinterna>

- **Sociopsychological Aspects of Sexually Transmitted Diseases** by Margaret Rodway, Marianne Wright (Editor) (1988); ISBN: 0866567372;
<http://www.amazon.com/exec/obidos/ASIN/0866567372/icongroupinterna>
- **Std a Guide for Today's Young Adults: Sexually Transmitted Diseases** by W. Yarber (1985); ISBN: 0883143062;
<http://www.amazon.com/exec/obidos/ASIN/0883143062/icongroupinterna>
- **STD Is Not Motor Oil!: The Truth (& Consequences) of Sexually Transmitted Diseases** by Carole Marsh (1990); ISBN: 0793369002;
<http://www.amazon.com/exec/obidos/ASIN/0793369002/icongroupinterna>
- **Std Sexually Transmitted Diseases** by John T. Daugirdas; ISBN: 0962927910;
<http://www.amazon.com/exec/obidos/ASIN/0962927910/icongroupinterna>
- **Std Sexually Transmitted Diseases** (1992); ISBN: 0962927902;
<http://www.amazon.com/exec/obidos/ASIN/0962927902/icongroupinterna>
- **Std: A Commonsense Guide to Sexually Transmitted Diseases** by Maria Corsaro; ISBN: 0030599148;
<http://www.amazon.com/exec/obidos/ASIN/0030599148/icongroupinterna>
- **Std: A Commonsense Guide: Sexually Transmitted Diseases** by Maria Corsaro; ISBN: 0312696442;
<http://www.amazon.com/exec/obidos/ASIN/0312696442/icongroupinterna>
- **STDs : sexually transmitted diseases : facts, prevention, treatment** by Francine Légaré; ISBN: 255108198X;
<http://www.amazon.com/exec/obidos/ASIN/255108198X/icongroupinterna>
- **Straight Talk About Sexually Transmitted Diseases** by Michael, M.D. Brodman, et al; ISBN: 0816028648;
<http://www.amazon.com/exec/obidos/ASIN/0816028648/icongroupinterna>
- **Students Guide to AIDS and Other Sexually Transmitted Diseases** by Jeffrey S. Nevid, Fern Gotfried (1994); ISBN: 0205169414;
<http://www.amazon.com/exec/obidos/ASIN/0205169414/icongroupinterna>
- **Syphilis and Other Sexually Transmitted Diseases (Epidemics)** by Holly Cefrey; ISBN: 0823934888;
<http://www.amazon.com/exec/obidos/ASIN/0823934888/icongroupinterna>
- **The Biology of Sexually Transmitted Diseases** by Gerald James Stine; ISBN: 0697118975;
<http://www.amazon.com/exec/obidos/ASIN/0697118975/icongroupinterna>
- **The Clinician's Guide to Sexually Transmitted Diseases** by Stuart Levin; ISBN: 0815154011;
<http://www.amazon.com/exec/obidos/ASIN/0815154011/icongroupinterna>
- **The Encyclopedia of Sexually Transmitted Diseases (Library of Health and Living)** by Jennifer Shoquist, Diane Stafford (2003); ISBN: 0816048819;
<http://www.amazon.com/exec/obidos/ASIN/0816048819/icongroupinterna>
- **The Facts About AIDS and Other Sexually Transmitted Diseases: Sexual Decisions of Responsible Adults!** by Jerry L., Bogner; ISBN: 0943323002;
<http://www.amazon.com/exec/obidos/ASIN/0943323002/icongroupinterna>

- **The Handbook of Sexually Transmitted Diseases: A Clinical Approach** by Marc R. Robin, Marc C. Robin (1995); ISBN: 0929894154;
<http://www.amazon.com/exec/obidos/ASIN/0929894154/icongroupinterna>
- **The Handbook of Sexually Transmitted Diseases: Recognition, Prevention, and Treatment** by Ray Fish, Suzanne Trupin; ISBN: 0897690672;
<http://www.amazon.com/exec/obidos/ASIN/0897690672/icongroupinterna>
- **The Hidden Epidemic: Confronting Sexually Transmitted Diseases** by Institute of Medicine Committee on Prevention and Control of Se, et al (1997); ISBN: 0309054958;
<http://www.amazon.com/exec/obidos/ASIN/0309054958/icongroupinterna>
- **The Hidden Epidemic: Confronting Sexually Transmitted Diseases, Summary** by National Academy Press (1999); ISBN: 0309062322;
<http://www.amazon.com/exec/obidos/ASIN/0309062322/icongroupinterna>
- **The management of sexually transmitted diseases : a guide for the general practitioner** by Richard Robert Willcox; ISBN: 9290201517;
<http://www.amazon.com/exec/obidos/ASIN/9290201517/icongroupinterna>
- **The Sexually Transmitted Diseases** by Charles E. Rinear; ISBN: 0899501850;
<http://www.amazon.com/exec/obidos/ASIN/0899501850/icongroupinterna>
- **The Sexually Transmitted Diseases: A Current Approach** by George A. Wistreich; ISBN: 0697109763;
<http://www.amazon.com/exec/obidos/ASIN/0697109763/icongroupinterna>
- **The Truth and Consequence of Sexually Transmitted Diseases (Smart Sex Stuff for Kids 7-17 Series)** by Carole Marsh (1994); ISBN: 1556092121;
<http://www.amazon.com/exec/obidos/ASIN/1556092121/icongroupinterna>
- **Urinalysis--Methods, Diagnostics, Influence of Sexually Transmitted Diseases and Abuse-Injury Implications** by Shelly Susan Scarre (1995); ISBN: 0788307207;
<http://www.amazon.com/exec/obidos/ASIN/0788307207/icongroupinterna>
- **Vaccines for Sexually Transmitted Diseases** by A.Spier, R.E. Meheus (Editor) (1990); ISBN: 0408047550;
<http://www.amazon.com/exec/obidos/ASIN/0408047550/icongroupinterna>
- **What to Teach Kids About Sexually Transmitted Diseases: For Parents, Teachers, and Other Caregivers (The Parenting for Prevention Information Series);** ISBN: 1562461559;
<http://www.amazon.com/exec/obidos/ASIN/1562461559/icongroupinterna>
- **What Women Should Know About Chronic Infections and Sexually Transmitted Diseases** by Pamela Patrick Novotny, Thomas Vernon (Contributor); ISBN: 0440206456;
<http://www.amazon.com/exec/obidos/ASIN/0440206456/icongroupinterna>
- **WHO model prescribing information : drugs used in sexually transmitted diseases and HIV infection;** ISBN: 9241401052;
<http://www.amazon.com/exec/obidos/ASIN/9241401052/icongroupinterna>
- **Youth, AIDS, and Sexually Transmitted Diseases (Adolescence and Society)** by Susan Moore, et al (1997); ISBN: 0415106338;
<http://www.amazon.com/exec/obidos/ASIN/0415106338/icongroupinterna>

The National Library of Medicine Book Index

The National Library of Medicine at the National Institutes of Health has a massive database of books published on healthcare and biomedicine. Go to the following Internet site, <http://locatorplus.gov/>, and then select "Search LOCATORplus." Once you are in the search area, simply type "sexually transmitted diseases" (or synonyms) into the search box, and select "books only." From there, results can be sorted by publication date, author, or relevance. The following was recently catalogued by the National Library of Medicine:¹¹

- **A plan to eradicate syphilis, chancroids and gonorrhoea** Author: Herzog, Alfred Waldemar.; Year: 1963; [New York: s.n., 1905?]
- **A short textbook of venereology: the sexually transmitted diseases.** Author: Catterall, R. D. (Robert Duncan); Year: 1966; Philadelphia, Lippincott [1965]
- **A text-book of venereal diseases.** Author: Willcox, R. R. (Richard Robert); Year: 1965; New York, Grune; Stratton, 1950
- **Antibiotic treatment of venereal diseases.** Author: Luger, Alfred P.; Year: 1964; Basel, New York, Karger, 1968
- **Laws and regulations relating to venereal disease control; excerpts from the California health and safety code, California civil code, California business of professions code [and] California administrative code.** Author: California. Laws, statutes, etc.; Year: 1964; Berkeley, Dept. of Public Health, 1964
- **Medical service; treatment and management of venereal diseases in the Air Force. 16 Nov. 1953.** Author: United States. Dept. of the Air Force.; Year: 2000; [Washington] 1953
- **Skin and venereal diseases; textbook for secondary medical schools, by L. Fandeyev.** Author: Fandeev, Leonid Ivanovich.; Year: 1964; Moscow, Peace Publishers [1965]
- **Textbook of venereal diseases and treponematoses.** Author: Willcox, R. R. (Richard Robert); Year: 1960; London, Heinemann, 1964
- **The organisation of venereal diseases clinics.** Author: Noronha, Socrates de.; Year: 2001; Bombay, Bombay Social Hygiene Council, 1962
- **The venereal diseases.** Author: Office of Health Economics (London, England); Year: 1964; London [1963]
- **The venereal diseases.** Author: Office of Health Economics (London, England); Year: 1961; London [1963]
- **The venereal diseases; a book about sexually transmitted infections.** Author: Catterall, R. D. (Robert Duncan); Year: 1962; London, Evans [1967]
- **Venereal disease and young people; report.** Author: British Medical Association. Committee on the Increase of Venereal Diseases, particularly among Young People.; Year: 1964; [London] British Medical Assn., 1964

¹¹ In addition to LOCATORPlus, in collaboration with authors and publishers, the National Center for Biotechnology Information (NCBI) is currently adapting biomedical books for the Web. The books may be accessed in two ways: (1) by searching directly using any search term or phrase (in the same way as the bibliographic database PubMed), or (2) by following the links to PubMed abstracts. Each PubMed abstract has a "Books" button that displays a facsimile of the abstract in which some phrases are hypertext links. These phrases are also found in the books available at NCBI. Click on hyperlinked results in the list of books in which the phrase is found. Currently, the majority of the links are between the books and PubMed. In the future, more links will be created between the books and other types of information, such as gene and protein sequences and macromolecular structures. See <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Books>.

- **Venereal disease control; report on a European symposium...Stockholm, 24-28 September 1963.** Author: World Health Organization. Regional Office for Europe.; Year: 1953; Copenhagen, 1964
- **Venereal disease education; a report of the special subcommittee of the Public Advisory Committee on Venereal Disease Control.** Author: United States. Public Advisory Committee on Venereal Disease Control.; Year: 1962; Atlanta, U. S. Communicable Disease Center, Venereal Disease Branch [1964]
- **Venereal disease education; a teaching guide.** Author: Minnesota. Division of Public Health Education.; Year: 1965; Minneapolis [1966]
- **Venereal disease information for educators.** Author: California. Dept. of Public Health.; Year: 1964; [Berkeley, 1965]
- **Venereal disease, a simple explanation; facts for everyone to know in a language for everyone to understand by a VD specialist.** Author: Silver, Philip S.; Year: 1964; Edinburgh, Livingstone, 1966
- **Venereal diseases.** Author: Morton, R. S.; Year: 1965; [Harmondsworth, Eng., Baltimore] Penguin Books [c1966]

Chapters on Sexually Transmitted Diseases

In order to find chapters that specifically relate to sexually transmitted diseases, an excellent source of abstracts is the Combined Health Information Database. You will need to limit your search to book chapters and sexually transmitted diseases using the "Detailed Search" option. Go to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. To find book chapters, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Book Chapter." Type "sexually transmitted diseases" (or synonyms) into the "For these words:" box. The following is a typical result when searching for book chapters on sexually transmitted diseases:

- **Cervix Cancer**

Source: in Cancer Screening: Theory and Practice. Kramer, B.S. Gohagan, J.K. Prorok, P.C. eds. Marcel Dekker, Inc., New York, NY, 195-217, 1999.

Contact: Marcel Dekker, Inc., 270 Madison Avenue, New York, NY 10016. (212) 696-9000. FAX: (212) 685-4540. INTERNET: <http://www.dekker.com>.

Summary: Cervix Cancer, a chapter in Cancer Screening: Theory and Practice, focuses on issues related to cervical cancer screening. Cervical cancer is the second most common cancer in women worldwide, but incidence rates are declining. Risk factors for cervical cancer include (1) early age at first intercourse, (2) having multiple sex partners, (3) having a husband with multiple sex partners, (4) having had multiple births, (5) having a history of **sexually transmitted diseases**, (6) poverty, and (7) smoking. Human papillomavirus is the likely sexually transmitted cancerous agent. The natural history of cervical cancer, beginning with precancerous lesions, affects screening. Cervical cancer screening tests include (1) unaided and aided visual inspection, (2) Papanicolaou (Pap) smear tests, and (3) cervicography. No randomized trials have been conducted on screening for cervical cancer. Screening studies have involved nonrandomized, observational and population experiences and case-control studies. The risks associated with cervical cytology are those related to overtreatment of cytological abnormalities

that are not progressive but that would regress if untreated. The costs associated with cervical cancer screening include (1) costs of cervical smears, (2) quality control, (3) evaluation and monitoring of screening programs, (4) centralization of cytology services, (5) establishing an appropriate information system, and (6) financing public and professional education programs. Public and professional education programs promoting cervical cancer screening of women at least through to age 65 are desirable. One of the most controversial issues on cervical cancer screening relates to the frequency of rescreening. The United States Preventive Services Task Force recommends (1) routine cervical cancer screening with Pap smears for all women who are or have been sexually active and who have a cervix, (2) Pap smears beginning with the onset of sexual activity and subsequent smears every 3 years, and (3) possible discontinuation of screening in women age 65 and older who have had consistent normal smears. The author concludes that cervical cancer screening currently only complies with some of the requirements for effective screening programs.

- **Urethritis**

Source: in Landau, L. Kogan, B.A. 20 Common Problems in Urology. New York, NY: McGraw-Hill, Inc. 2001. p. 77-94.

Contact: Available from McGraw-Hill, Inc. 1221 Avenue of the Americas, New York, NY 10020. (612) 832-7869. Website: www.bookstore.mcgraw-hill.com. PRICE: \$45.00; plus shipping and handling. ISBN: 0070634130.

Summary: Urethral discharge (the presenting symptom of urethritis, or inflammation of the urethra, the tube that goes from the bladder to the outside of the body) is largely caused by **sexually transmitted diseases** (STDs). The two most common pathogens causing urethral discharge are gonorrhea and chlamydia. This chapter on urethritis is from a text on common problems in urology (written for the primary care provider). The author develops the differential diagnoses of a segment of STDs: urethritis and urethral discharge. STDs that manifest primarily as genital ulcerations or as cutaneous (skin) lesions are covered in another chapter. The author first reviews the steps for treating any STD, then discusses discharge in males and females; definition of urethritis and urethral discharge; key elements to the patient history; the physical examination and laboratory tests; diagnosis by DNA probes and nucleic acid amplification techniques; classification of male urethritis; gonococcal urethritis; Chlamydia trachomatis; management recommendations for Chlamydia and other nongonococcal urethritis; Ureaplasma urealyticum; Mycoplasma genitalium; Trichomonas vaginalis; treatment of recurrent or persistent symptoms of urethritis; other manifestations and complications of urethritis; and controversies, pitfalls to avoid, and emerging trends. A series of patient evaluation and care algorithms is also provided. The author recommends that physicians consider multiple pathogens (disease causing organisms) in each patient with urethritis. Second, it is vital to include the patient's sexual partner in care and educational strategies. And third, physicians are cautioned to maintain adequate followup after treatment in these patients, to ensure eradication of pathogens (and to prevent reinfection or recurrence of symptoms). 3 figures. 4 tables. 35 references.

- **Urination Problems [Self-Care Flowchart]**

Source: in Kelly, R.B., ed. Family Health and Medical Guide. Dallas, TX: Word Publishing. 1996. p. 518-519.

Contact: Available from American Academy of Family Physicians. 11400 Tomahawk Creek Parkway, Leawood, KS 66211-2672. (800) 274-2237. Website: www.aafp.org.

PRICE: \$30.00 for members; \$35.00 for non-members; plus shipping and handling. ISBN: 0849908396.

Summary: This self care flowchart on urination problems is one in a series of self care charts in a family health and medical guide. The chart offers a strategy for the self diagnosis and care of pain and difficulty with urination. The chart lists questions about symptoms, then provides a flowchart format for determining diagnosis and possible self care options. Symptoms listed include cloudy urine, blood in the urine, fever, pains in the back or groin, ache or pain under the scrotum, the urge to urinate, the production of more urine than usual, the leakage of urine when one coughs or sneezes, and waking many times to urinate. Conditions that may be responsible for the symptoms include pyelonephritis (kidney infection), kidney stones, bladder infection, infection of the prostate gland, urethritis, **sexually transmitted diseases**, cystitis (bladder infection), diabetes, stress urinary incontinence, enlargement of the prostate gland, and prostate cancer. Most of the conditions list see your doctor under the self care strategies.

- **Kidneys and the Urinary System**

Source: in Epps, R.P. and Stewart, S.C., eds. *The Women's Complete Healthbook*. New York, NY: Delacorte Press. 1995. p. 515-537.

Contact: Available from Delacorte Press. Bantam Doubleday Dell Publishing Group, Inc., 1540 Broadway, New York, NY 10036. PRICE: \$29.95. ISBN: 0385313829.

Summary: This chapter, from a women's health consumer's handbook, describes the kidneys and the urinary system. The urinary system eliminates waste products while saving materials needed by the body. It does this by producing and excreting urine, a watery substance made up of excess fluid, waste products, and toxins. The urinary system includes the kidneys, the ureters, the bladder, and the urethra. Topics in the chapter include how the urinary system works; keeping the urinary system healthy; symptoms of common urinary problems; bladder and kidney infection; irritations and inflammations, including irritable bladder and interstitial cystitis; stones; urinary incontinence; acute and chronic kidney failure and end-stage renal disease; nephrotic syndrome; inherited kidney disease; kidney and bladder tumors; systemic disorders that impact the urinary system, including diabetes mellitus, hypertension, sickle cell disease, lupus, and **sexually transmitted diseases**; pregnancy and the urinary tract, including normal pregnancy, urinary tract conditions in pregnancy, and pregnancy in women with kidney disease; and diagnostic techniques for urinary problems, including the history and physical exam, urinalysis, urine culture, kidney biopsy, and imaging techniques. The chapter concludes with a list of resource organizations and publications through which readers can obtain more information. 6 figures.

- **Urinary-Tract Infections**

Source: in Sant, G.R., ed. *Pathophysiologic Principles of Urology*. Malden, MA: Blackwell Science, Inc. 1994. p. 271-297.

Contact: Available from Blackwell Science, Inc. 350 Main Street, Commerce Place, Malden, MA 02148. (800) 215-1000 or (617) 388-8250. Fax (617) 388-8270. E-mail: books@blacksci.com. PRICE: \$55.00. ISBN: 0865422214.

Summary: This chapter, from a urology textbook on pathophysiology, discusses urinary tract infections (UTI's). The authors review current information concerning the epidemiology, microbiology, and pathogenesis of UTI's. Topics include epidemiological concepts, including congenital genitourinary tract disorders, neonatal UTI's, the

prevalence of bacteriuria, and recurrent UTI's; microbiological considerations, including *escherichia coli*, diagnostic tests, pyuria, and **sexually transmitted diseases**; pathogenesis of urinary tract infections (UTI's), including bacterial adherence, and host defense mechanisms; urinary tract infections in special groups (females, pregnant women, the elderly, men); catheter-associated UTI's; interstitial cystitis; and the urethral syndrome. 6 figures. 12 tables. 11 annotated references.

- **Urologic Problems**

Source: in Sanfilippo, J.S., et al., eds. *Pediatric and Adolescent Gynecology*. 1994. Philadelphia, PA: W.B. Saunders Company. 1994. p. 567-582.

Contact: Available from W.B. Saunders Company. Order Fulfillment, 6277 Sea Harbor Drive, Orlando, FL 32887. (800) 545-2522. Fax (800) 874-6418 or (407) 352-3445. PRICE: \$99.00. ISBN: 0721639712.

Summary: Children and adolescents evaluated by the primary care specialist often have complaints that are related to both the urinary tract and the reproductive organs. This chapter, from a text of pediatric and adolescent gynecology, reviews the most common urologic abnormalities encountered in this age group. Topics include urinary tract infection, including asymptomatic bacteriuria, cystitis, pyelonephritis, vesicoureteral reflux (VUR), voiding dysfunction and daytime incontinence, nocturnal enuresis, hematuria, urinary calculi, urinary tract malignancies, renal agenesis, urethral prolapse, **sexually transmitted diseases**, and abnormalities in adolescents with special needs. 5 figures. 4 tables. 39 references.

- **Adolescent Female With Epilepsy**

Source: in *Women and Epilepsy*. Trimble, M.R. ed. New York, NY, John Wiley and Sons, pp. 87-105, 1991.

Contact: John Wiley and Sons, Inc., 605 Third Avenue, New York, NY 10158-0012.

Summary: The Adolescent Female with Epilepsy, a chapter in *Women and Epilepsy*, explores problems faced by the adolescent female and discusses what her physicians should consider when treating her epilepsy. The physical maturity reached during adolescence is usually completed a number of years before the adolescent girl reaches psychosocial maturity. Psychosocial development involves achieving increased independence from parents and adults, establishing a self-identity and sexual identity, and preparing for an adult role in society. Juvenile absence epilepsy typically begins at or near puberty, with an equal sex distribution. Juvenile myoclonic epilepsy typically presents during puberty, with patients experiencing their first grand mal or tonic-clonic seizure or repeated myoclonic jerks on awakening. Other types of adolescent epilepsy syndromes include epilepsy with generalized tonic-clonic seizures on awakening, Kojewnikow's syndrome, and progressive myoclonic epilepsy. Treatment of adolescent epilepsy begins by identifying the seizure type, then selecting the anticonvulsant drug that will completely control seizures without producing undue side effects. The effects of uncontrolled epilepsy on the adolescent may include delays in physical and/or emotional maturation, interference with education and socialization, and additional confusion with sexual identity. Adolescents use a number of coping mechanisms to manage increased stress, such as denial, rationalization, and projection. Issues that may affect adolescents with epilepsy include drug abuse, alcohol abuse, and driving. Adolescents with epilepsy have the same sexual drive as other adolescents. Physicians can counsel the young woman about sexuality, birth control, and **sexually transmitted diseases** during early and middle adolescence. Physicians can enhance compliance by

establishing a good relationship with the adolescent who has epilepsy. They can, for example, take school work into account when ordering a medication schedule at regular intervals. An understanding of adolescent health and psychosocial issues will help the physician treat the adolescent female with epilepsy. 5 tables, 76 references.

- **Adolescents, Young Adults, and Adults**

Source: in *An Introduction to Community Health*. Fourth Edition. McKenzie, J.F. Pinger, R.R. Kotecki, J.E. Sudbury, MA, Jones and Bartlett Publishers, pp. 207-232, 2002.

Contact: Jones and Bartlett Publishers, 40 Tall Pine Drive, Sudbury, MA 01776. (978)443-5000. INTERNET/EMAIL: www.jbpub.com; info@jbpub.com.

Summary: *Adolescents, Young Adults, and Adults*, a chapter in *An Introduction to Community Health*, stresses that adolescence and young adulthood (15 to 24 years of age) and adulthood (25 to 64 years old) are the most productive periods of people's lives. While most people enjoy good health during these years, there is substantial room for improvement. The overall health status of these age groups could be improved by reducing the prevalence of high-risk behaviors such as cigarette smoking, excessive alcohol consumption, and physical inactivity and by increasing participation in health screenings and institutionalizing preventive health care in our society. Seventy percent of adolescent and young adult mortality can be attributed to motor vehicle crashes, other unintentional injuries, homicide and legal intervention, and suicide. Adolescents and young adults remain at considerable risk for morbidity resulting from **sexually transmitted diseases**. College students put themselves at considerable risk through unprotected sexual activity and the use of alcohol, tobacco, and other drugs. Mortality rates for older adults (45 to 64 years of age) have declined slightly in recent years, but cancer is still the overall leading cause of death followed by cardiovascular disease. Reductions in deaths from cardiovascular diseases in adults have been substantial, but health problems resulting from unhealthy behaviors, such as smoking and drinking, can be reduced further if adults are willing to modify their behavior. No matter how the health of adolescents, young adults, and adults in the United States is broken down and described, it can be summarized by saying that the health of Americans in these age groups has come a long way in the past 50 years, but there is still room for improvement.

- **Developing Successful Programs**

Source: in *Community Health Education and Promotion: A Guide to Program Design and Evaluation*, Second Edition. Wurzbach, M.E. ed. Gaithersburg, MD, Aspen Publishers, Inc., pp. 281-439, 2002.

Contact: Aspen Publishers, Inc., 200 Orchard Ridge Drive, Suite 200, Gaithersburg, MD 20878. INTERNET/EMAIL: <http://www.aspenpublishers.com>.

Summary: *Developing Successful Programs*, a chapter in *Community Health Education and Promotion: A Guide to Program Design and Evaluation*, provides resources essential to the development of successful community health programs. The chapter addresses all of the necessary steps in planning health education programs. Topics include (1) behavior and learning theories; (2) core competencies for health advisors; (3) planning models; (4) mission statements, goals, and objectives; (5) program design and planning guidelines; (6) program implementation guidelines; (7) program marketing guidelines; (8) special events; and (9) strategies and programs that work. Program implementation guidelines cover (1) teen pregnancy prevention, (2) **sexually transmitted diseases**, (3) sexual risk reduction, (4) tobacco use, (5) smoking cessation, (6)

falls prevention, (7) physical activity, and (8) immunization. The chapter supplies many useful guidelines and forms.

- **Creating and Tailoring Effective Materials**

Source: in *Community Health Education and Promotion: A Guide to Program Design and Evaluation*, Second Edition. Wurzbach, M.E. ed. Gaithersburg, MD, Aspen Publishers, Inc., pp. 441-546, 2002.

Contact: Aspen Publishers, Inc., 200 Orchard Ridge Drive, Suite 200, Gaithersburg, MD 20878. INTERNET/EMAIL: <http://www.aspenpublishers.com>.

Summary: *Creating and Tailoring Effective Materials*, a chapter in *Community Health Education and Promotion: A Guide to Program Design and Evaluation*, examines creating and tailoring materials for community health programs. The chapter is intended for both expert health educators and novices looking for concrete guidelines about creating and adapting effective materials, including brochures, newsletters, discussion guides, Websites, fact sheets, and questionnaires. It begins with an overview of those considerations that must be addressed before material development, and provides information on adapting or producing materials. The chapter includes a section on pretesting for applicability to your audience and an in-depth discussion on reaching low-literate audiences. It also provides sample pretested program materials and discusses the principles supporting their use or the development of materials. Sample program materials cover heart health, high blood pressure, **sexually transmitted diseases**, condoms, and immunization.

- **Behavioral Risk Factors**

Source: in *Health and Behavior: The Interplay of Biological, Behavioral, and Societal Influences*. Institute of Medicine, Board on Neuroscience and Behavioral Health, Committee on Health and Behavior: Research, Practice, and Policy. Washington, DC, National Academy Press, pp. 87-137, 2001.

Contact: National Academy Press, 2101 Constitution Avenue, NW., Box 285, Washington, DC 20055. (800) 624-6242; (202) 334-3313. INTERNET/EMAIL: <http://www.nap.edu>.

Summary: *Behavioral Risk Factors*, a chapter in *Health and Behavior: The Interplay of Biological, Behavioral, and Societal Influences*, considers several behaviors that exert a strong influence on health, including tobacco use, alcohol consumption, physical activity and diet, sexual practices, and disease screening. Smoking leads to an increased risk of the two leading causes of death in the United States, heart disease and cancer, and smoking during pregnancy has been linked to adverse pregnancy outcomes. Secondary smoke has serious health consequences for adults and children. Tobacco-related diseases account for more than 400,000 deaths among adults in the United States each year. In 1995, the prevalence of smoking among adults was almost 25 percent. Strategies to reduce tobacco use should emphasize primary prevention rather than smoking cessation. Factors that influence obesity include physical activity and diet. Obesity increases the risk of cardiovascular disease, cancer, and musculoskeletal problems. Overweight and obesity have consequences for both morbidity and mortality and are increasing in the United States and many other countries. Alcohol consumption is a major contributor to death and is related to 100,000 deaths each year. However, light to moderate drinking can have a beneficial effect on the risk of coronary heart disease and thrombotic stroke. Infectious disease and unwanted pregnancy are two of the possible outcomes of sexual relationships. Behavioral means for prevention of sexually

transmitted infections include (1) delaying the onset of sexual activity, (2) limiting the number of partners, (3) abstaining from sex with people not known to be free of infection, and (4) using effective barrier contraception. The chapter discusses screening practices for hypertension; high blood cholesterol; cervical, colorectal, prostate, and breast cancer; and **sexually transmitted diseases**.

- **Lifestyle Interventions for the Young**

Source: in *Handbook of Health Behavior Change*. Shumaker, S.A. Schron, E.B. Ockene, J.K., McBee, W.L. eds. New York, NY, Springer Publishing Company, pp. 335-356, 1998.

Contact: Springer Publishing Company, 536 Broadway, New York, NY 10012.

Summary: *Lifestyle Interventions for the Young*, a chapter in *The Handbook of Health Behavior Change*, discusses lifestyle interventions for youth to promote good health and prevent illness from a variety of perspectives. The chapter (1) presents the rationale for incorporating youth-focused lifestyle interventions as a critical component of broader public health initiatives, (2) discusses the role of lifestyle factors in determining health, (3) discusses intervention approaches for youth based on social learning and delivery channel theories, and (4) describes several innovative intervention programs that are based on social learning factors and intervention delivery channels. Lifestyle interventions for youth should be based on understanding (1) the relationship between behavior and health and the extent to which a health problem or illness can potentially be influenced or avoided through behavior change, (2) the particular value of interventions delivered early in the life span, and (3) the determinants of behavior that are appropriate targets for youth interventions. Lifestyle interventions directed at influencing health behaviors should be implemented at an early age because behaviors that are major causes of morbidity and mortality in the United States are established during youth. Examples include (1) behaviors that contribute to unintentional and intentional injury, (2) tobacco use, (3) alcohol and other drug use, (4) sexual behaviors that contribute to unintended pregnancy and **sexually transmitted diseases**, (5) unhealthy dietary patterns, and (6) physical inactivity. Social learning theory identifies three domains which can be considered in planning a lifestyle intervention for youth: (1) The intrapsychic; (2) the interpersonal; and (3) the broader environmental domain. These interventions can be delivered through various channels: (1) The school, (2) the home, (3) the community, and (4) the mass media. The chapter describes a variety of programs that serve as prototypes to program planners. Future research needs include (1) placing greater emphasis on program evaluation; (2) developing youth health promotion programs that can influence behaviors beyond the home, school, or individual television programs; and (3) obtaining better coordination of youth health programs.

- **Evaluation**

Source: in *Statistics in Public Health: Quantitative Approaches to Public Health Problems*. Stroup, D.F. Teutsch, S.M. eds. New York, NY, Oxford University Press, pp. 193-219, 1998.

Contact: Oxford University Press, Inc., 198 Madison Avenue, New York, NY 10016.

Summary: *Evaluation*, a chapter in *Statistics in Public Health: Quantitative Approaches to Public Health Problems*, discusses the evaluation process in public health programs. A complete evaluation should include at least three interrelated elements (program design and development, program monitoring tasks, and program impact estimation) that should be carried out sequentially. Evaluations may be conducted differently for

different audiences. The author discusses the four validity types, and notes their implications for quantitative public health research practice. The author focuses on (1) statistical conclusion validity, (2) construct validity, (3) internal validity, (4) external validity, and (5) threats to validity. Project RESPECT is a recently-completed, multisite, randomized trial of three different modalities of counseling and testing for human immunodeficiency virus (HIV) and other **sexually transmitted diseases** (STD's). This project is used to illustrate the four validity types. A list of suggested readings related to (1) program evaluation, (2) randomized clinical trials, (3) selection bias modeling, (4) quasi-experiments, and (5) structural equation modeling is included.

- **Health Behavior Among the Homeless and the Poor**

Source: in *Handbook of Health Behavior Research III: Demography, Development, and Diversity*. Gochman, D.S., ed. New York, NY, Plenum Press, pp. 199-227, 1997.

Contact: Plenum Press, 233 Spring Street, New York, NY 10013. (800) 221-9369; (212) 620-8000. INTERNET/EMAIL: <http://www.plenum.com>; info@plenum.com.

Summary: *Health Behavior among the Homeless and the Poor*, a chapter in *Handbook of Health Behavior Research III: Demography, Development, and Diversity*, reviews data on selected health behaviors and their linkages to health outcomes among the homeless and the poor. The poverty rate among blacks is about three times the rate for whites; the majority of the nation's homeless are also black or from other minority groups. The literature shows that the general health status of the homeless and the poor is not good. Ill health frequently causes homelessness, which can cause physical illness, which complicates health care delivery to this group. Research also supports the argument that income is probably the most important factor that dictates health and health behavior in the United States. The homeless appear to suffer from malnutrition, and while the poor also suffer, they can and do utilize soup kitchens and government-supported nutrition programs. The homeless and the poor face barriers to accessing health care, although it is not as severe a problem for the poor. The homeless and the poor show a similar lack of compliance to health care due to lack of transportation, social support, or money, and because of cultural differences. The prevalence of **sexually transmitted diseases** has increased in the past decade among both the homeless and the poor. The authors also discuss violence and alcohol, tobacco, and drug use, each of which are greater among this group. Based on these findings, the authors suggest research, policy, and practice possibilities for improving the health status of this population group.

- **Improving Access to Health Care: School-Based Health Centers**

Source: in *Healthy Children 2010: Establishing Preventive Services*. Weissberg, R.P. Gullotta, T.P. Hampton, R.L. Ryan, B.A. Adams, G.R. eds. Thousand Oaks, CA. Sage Publications, *Issues in Children's and Families' Lives*, Vol. 9, pp. 154-182, 1997.

Contact: Sage Publications, Inc., 2455 Teller Road, Thousand Oaks, CA 91320. EMAIL: order@sagepub.com.

Summary: *Improving Access to Health Care: School-Based Health Centers*, a book chapter in *Healthy Children 2010: Establishing Preventive Services*, explores the possibility of school-based health centers (SBHC's) delivering complete health care to meet the needs of children and adolescents. Lack of insurance, low parental education, larger family size, lack of family social support, communication difficulties between family and providers, and lack of regular sources of primary care limit access to care. The problem becomes greater given the fair number of adolescents with health needs

and a large portion of adolescents engaged in unhealthy lifestyles. A typical SBHC is staffed with a health care professional able to diagnose and prescribe care, including medications for routine illnesses, treatment of chronic ailments, reproductive health care, and treatment for **sexually transmitted diseases**. The SBHC should also have a professional behavioral health specialist. In addition to improving health care accessibility, SBHC's can help youth establish relationships with one health care provider and, in so doing, avoid irregular care and emergency room visits. SBHC's are effective in (1) improving access to care, (2) decreased adolescent pregnancy, (3) proper prenatal care for pregnant teens, (4) reduced dropout rates, (5) reduced school absenteeism, (6) early detection and intervention for physical and behavioral health problems, and (7) improved self-esteem and communication skills. Effective SBHC's are supported by (1) hospitals; (2) community health centers; (3) private, non-profit boards of directors; (4) human service agencies; (5) boards of education; (6) city health departments; and (7) social service and mental health agencies. The authors conclude with recommendations for Healthy People 2010 concerning SBHC's.

- **Child and Adolescent Health**

Source: in *Community Health Nursing: Promoting the Health of Aggregates*. Swanson, J.M., Nies, M.A. eds. Philadelphia, PA, W.B. Saunders Company, Second Edition, pp. 217-236, 1997.

Contact: W.B. Saunders Company, The Curtis Center, Independence Square West, Philadelphia, PA 19106.

Summary: *Child and Adolescent Health*, a chapter in *Community Health Nursing: Promoting the Health of Aggregates*, focuses on (1) the health status of children and adolescents; (2) medical, socioeconomic, and other factors that must be addressed to improve their health; and (3) the implications for community health nursing. The chapter covers (1) indicators of child and adolescent health status, (2) the costs to the individual and society of poor child health, (3) public programs targeted to children's health, and (4) strategies to improve child and adolescent health at the individual, family, and community levels. Indicators of child health status include (1) infant mortality, (2) low birthweight, (3) prenatal care, (4) prenatal substance use, (5) accidental injuries, (6) lead poisoning, and (7) abuse and neglect. Factors in adolescent health include (1) violence, (2) teen pregnancy, (3) **sexually transmitted diseases**, and (4) substance abuse. Social factors affecting children's health include poverty and single-parent households. The chapter describes public health programs targeted to children specifically, or in conjunction with another targeted population. Responsibility for improving children's health rests with the entire community, including health care professionals, parents, employers, and government. Community health nurses can use their experience and inside knowledge of barriers to child health to educate others. Rather than limiting their approach to caring only for the individual and family, community health nurses can maximize their roles to collaborate and forge alliances where needed to solve children's health problems. A case study illustrates the application of the nursing process by a community health nurse.

- **Women's Health and Nutrition Research: U.S. Governmental Concerns**

Source: in *Nutritional Concerns of Women*. Wolinski, I. Klimis-Tavantzis, D; eds. Boca Raton, FL, CRC Press, pp. 1-13, 1996.

Contact: CRC Press LLC, 2000 Corporate Blvd., NW., Boca Raton, FL 33431.

Summary: Women's Health and Nutrition Research: U.S. Governmental Concerns, a chapter in *Nutritional Concerns of Women*, cites three major risk factors for women: obesity, cigarette smoking, and alcohol. Of the five leading causes of death for men and women, rates of death from heart disease lead all other causes for all groups, with malignant neoplasms a close second. Lesser death rates are noted for cerebrovascular disease, accidents, chronic obstructive pulmonary disease, pneumonia, and diabetes mellitus. Emphasis is shifting from focusing on disease to focusing on prevention. Emphasis is on primary health care, of which nutrition and nutrition education should be major components. In 1983 the Task Force on Women's Health Issues was given a charge to assess problems of women's health in the context of contemporary American women's lives. Recommendations from the task force were (1) promotion of a safe, healthful, physical, and social environment; (2) provision of services for prevention and treatment of disease; (3) research and evaluation; (4) recruitment and training of health care personnel; (5) public education and dissemination of research information; and (6) the design of guidelines for legislative and regulatory measures. The three major recommendations for conducting research evaluation were (1) expansion of biomedical and behavioral research, with emphasis on conditions and diseases unique to or more prevalent in women in all age groups; (2) expansion of research and development for more effective, acceptable, and safe contraceptive methods for both men and women; and (3) expansion of studies of causes, prevention, improved diagnosis, and treatment of debilitating diseases (such as breast and other reproductive system cancers, **sexually transmitted diseases**, and arthritic diseases), and certain mental disorders. The National Institutes of Health (NIH) Committee on Women's Health Issues has produced two reports in support of research related to women's health and disease, identified the limited inclusion of women in clinical trials, and recommended policies to correct this shortage. A study was requested by the Government Accounting Office to address the concerns about failure to include women in most of the major clinical trials. There were special concerns about long term trials focused on cardiovascular diseases. Creation of the Office of Research on Women's Health was announced in September of 1990. Public testimony from 62 organizations interested both in women's health and in the need for research on women's health was heard. An additional 30 organizations offered written testimony. A workshop entitled *Opportunities for Research on Women's Health: What We Know and What Needs to Be Done* was held in September of 1991 and set a scientific agenda for women's health at all age groupings and cross cutting major areas of science. The Public Health Service Action Plan for Women's Health in September of 1991 provided a sweeping plan for improving women's health through prevention, research, treatment, services, education, information, and policy. Healthy People 2000 has the goal of developing a national strategy to improve significantly the health of the nation over the coming decade by addressing the prevention of major chronic illnesses, injuries, and infectious diseases. Specific targets and objectives are physical activity and obesity; tobacco and heart disease; lung cancer; cigarette smoking; breast cancer and mammography; and maternal, child health, and prenatal care. The Food and Drug Administration, under the Healthy People 2000 initiative, has the lead responsibility for increasing communications between primary care providers and elderly patients. Under the Omnibus Budget Reconciliation Act of 1990, a Drug Use Review Program was mandated that requires states to provide counseling for all Medicaid patients, and a drug use review program to assure that prescriptions are appropriate, medically necessary, and unlikely to produce adverse effects. A Campaign on Women and Medicines was initiated to ensure safer and more effective use of medicines through improved communication. The Office of Research on Women's Health is responsible for assuring that research conducted and supported by the National Institutes of Health addresses issues regarding women's health and that there is appropriate participation of

women in clinical research, especially in clinical trials. The Women's Health Initiative addresses the three leading causes of death and disability among American women over 45 years of age: cardiovascular diseases, cancer, and osteoporosis. The Community Randomized Trial was established to evaluate strategies to achieve healthful behaviors, including improved diet, nutritional supplementation, smoking prevention and cessation, increased physical activity, and early disease detection for women of all races, ethnic groups, and socioeconomic strata. The anticipated cooperative efforts across health care disciplines over the next decades offer great promise of advancement in the area of women's health. 17 references.

- **Health Behaviors**

Source: in Georgia Women's Health Survey: 1995: Preliminary Report. Serbanescu, F. Rochat, R. Atlanta, GA, Division of Public Health, Georgia Department of Human Resources, pp. 71-90, October 1996.

Contact: Office of Perinatal Epidemiology, Epidemiology and Prevention Branch, Division of Public Health, Georgia Department of Human Resources, Atlanta, GA.

Summary: Health Behaviors, a chapter in Georgia Women's Health Survey: 1995: Preliminary Report, presents survey findings on the health behaviors of Georgia women, including (1) cigarette smoking, (2) alcohol intake, (3) cervical cancer screening, (4) prevalence of **sexually transmitted diseases** (STD's), (5) self-assessed physical and mental health, and (6) perceived levels of current stress. The findings indicated that 65 percent of the women had never smoked and 24 percent were current smokers. Of the ever smokers, 31 percent have stopped smoking. Current smoking was more prevalent among white than black women, among previously married than currently married women, and among nonchurch attenders than those who attend church weekly. Forty-five percent of the women reported not using alcohol and 48 percent averaged less than one drink daily during the past year. Four percent averaged one drink daily and 2 percent averaged two or more drinks per day during the past year. Overall, 15 percent were binge or chronic drinkers. Binge or chronic drinking was more common among whites than blacks, among those with no children than those with one or two children, and among those who never attend church compared with those who attend church monthly or weekly. Binge or chronic drinking was also more common among those with no insurance or private insurance than among those with Medicaid. Eighty-nine percent of all women had ever had a Papanicolaou (Pap) smear test. Over 96 percent of women age 18 to 44 years had ever had a Pap smear test and 99 percent of women with living children had had a Pap smear. Sixty-four percent of the women had had a Pap smear in the past year, 16 percent in the past 1 to 2 years, 5 percent 2 to 3 years ago, and 5 percent more than 3 years ago. Nine percent of the women overall had ever been clinically diagnosed with one of four STD's: (1) Genital warts, (2) chlamydia, (3) gonorrhea, and (4) genital herpes. The prevalence of having had any one STD increased from 3.5 percent with one lifetime partner to 26 percent for those with nine or more partners. The STD prevalence was higher in Atlanta than elsewhere, for those with low incomes, and for those who were previously married. Overall, 38 percent of the women reported their physical health as excellent, 49 percent as good, and 13 percent as fair or poor. Compared with the state average, fair or poor health was reported more frequently by Medicaid recipients, those with no health insurance, those who had not completed high school, and blacks. Sixty percent of all women reported their mental health as excellent, 40 percent as good, and 7 percent as fair or poor. Compared with the state average, fair or poor mental health was reported more frequently by Medicaid recipients, women with high school or less education, and by previously married women. Only 17 percent

of all women reported not feeling stressed during the preceding week. Twenty percent reported feeling very stressed, 17 percent stressed, and 46 percent somewhat stressed. Compared with the state average, feeling very stressed during the past week was more prevalent among women who never attended church, previously married women, and Medicaid recipients.

- **Stages of Change for Condom and Other Contraceptive Use: Using Theory to Guide Behavioral Intervention and Evaluation**

Source: in Behavioral Research on the Role of Condoms in Reproductive Health. Summary of a Conference, May 10-12, 1993, Bethesda, Maryland. Bethesda, MD, National Institutes of Health, pp. 72-77, May 10-12, 1993.

Contact: National Institutes of Health, 9000 Rockville Pike, Bethesda, MD 20892.

Summary: A physician describes how the Centers for Disease Control and Prevention (CDC) is conducting behavioral research and how behavioral theory is being used to develop both interventions and evaluation strategies. The author focuses primarily on the development of stage-based measures for the evaluation of a multisite intervention program, the Prevention of HIV in Women and Infants Demonstration Project. The project is a collaborative effort among several centers and divisions of CDC, and grew out of a recognition of the need to develop programs that take into account the different motivations, priorities, and unique situations of women who are at risk both for unintended pregnancy and **sexually transmitted diseases**. The project has two components: A community-level behavioral intervention and a clinic or facility-based intervention. The major goal of both interventions is to prevent human immunodeficiency virus infection. The author hopes that when the evaluation of this project is completed, the results will enhance understanding of how to influence the behavior of women at high risk of both disease and unwanted pregnancy.

- **Delivering the Message Through Edutainment and Other Methods**

Source: in Health and the Media: Principles and Practices for Health Promotion. Egger, G. Donovan, R.J. Spark, R. Sydney, Australia, McGraw-Hill Book Company, pp. 139-147, 1993.

Contact: McGraw-Hill Book Company Australia Pty. Ltd., 4 Barcoo Street, Roseville, NSW 2069, Australia.

Summary: Delivering the Message Through Edutainment and Other Methods, a chapter in Health and the Media: Principles and Practices for Health Promotion, refers to the deliberate placement of educational messages in media entertainment vehicles such as television and radio soap operas, films, popular music, comics, and in novels and short stories, in an effort to achieve some defined objective. The concept of edutainment as a media tool for health promotion is restricted in this publication to applications where there is deliberate cooperation between health and entertainment professionals to achieve particular health objectives. This would include made for television movies and soap opera episodes that have covered specific health related issues. In true edutainment, the principal perceived purpose of the production is entertainment, and the audience should be unaware of the attempt to influence them, at least initially. In general, edutainment consists of writing health or other social issues into particular episodes of ongoing serial programs. In Australia, soap operas have dealt with the following kinds of health issues: acquired immunodeficiency syndrome and discrimination against human immunodeficiency virus positive persons, immunization, alcohol abuse, mental health, **sexually transmitted diseases**, sports injuries, and

cigarette smoking. Much of edutainment is based on Bandura's social learning theory. It is claimed that viewers will learn appropriate behavior by observational learning, or modeling. Drama, as distinct from argument, has long been a way of getting a point of view across to an audience. Even though edutainment has been subjected to little formal or adequate evaluation, there is some evidence that the use of this approach does have an impact and can be cost-effective, as there are few costs involved. Achieving cooperation between health professionals and entertainment industry professionals requires each to have a good understanding of the other's needs. Additional ways of delivering a health message through the media may include the use of human interest items, televised interventions and regular print columns, the production of health documentaries, video distribution through privately owned organizations, and educational news attempts that deliberately include educational messages in news items.

- **Examination, Diagnosis, and Treatment Planning for General and Orthodontic Problems**

Source: in Pinkham, J.R., et al., eds. *Pediatric Dentistry: Infancy Through Adolescence*. 3rd ed. Philadelphia, PA: W.B. Saunders Company. 1999. p. 594-617.

Contact: Available from W.B. Saunders Company. Book Orders Fulfillment Department, Harcourt Health Sciences, 11830 Westline Industrial Drive, Saint Louis, MO 63146-9988. (800) 545-2522. Website: www.wbsaunders.com. PRICE: \$69.00 plus shipping and handling. ISBN: 0721682383.

Summary: This chapter on examination, diagnosis, and treatment planning of general and orthodontic problems in the adolescent patient (age 12 to 18 years) is from a textbook on pediatric dentistry. The authors identify three areas that may impact the dental care of this patient population: rapid, unpredictable, and irregular skeletal and dental growth; environmental challenges such as drugs, smoking, **sexually transmitted diseases**, peer pressure, competitive education, career decisions, and family pressures; and the need to learn to cope, make decisions, and become independent. Topics include the patient history (particularly the need to keep the ever changing health history of the adolescent up to date); the patient examination, including behavioral assessment, general appraisal, head and neck examination, facial examination, and radiographic evaluation; treatment planning for nonorthodontic problems; treatment planning and treatment for orthodontic problems, including skeletal and dental problems; and temporomandibular joint disorders (TMD) in children and adolescents, including diagnostic, imaging, and treatment considerations. One sidebar reviews the oral dangers of smokeless tobacco. 16 figures. 3 tables. 20 references.

- **Sexually Transmitted and Bloodborne Infections**

Source: in Lynch, M.A. Brightman, V.J. Greenberg, M.S., eds. *Burket's Oral Medicine*. 9th ed. Philadelphia, PA: J.B. Lippincott Co. 1994. p. 629-724.

Contact: Available from J.B. Lippincott Co. Order Fulfillment, P.O. Box 1600, Hagerstown, MD 21741. (800) 777-2295. PRICE: \$79.95 plus shipping and handling. ISBN: 0397512422.

Summary: This lengthy chapter, from a textbook of oral medicine, addresses sexually transmitted and bloodborne infections from the perspective of their impact on oral health. After an introductory section defining and classifying these infections, the author presents seven sections: bacterial and chlamydial **sexually transmitted diseases (STDs)**; viral STDs; viral hepatitis; human immunodeficiency virus (HIV-1 and HIV-2) and other

retrovirus infections; HIV-1 infection and AIDS; genital warts, condyloma, acuminatum, and other papillomavirus infections; and mollusum contagiosum (MCV) infection. An appendix presents genetic analyses of strains of HIV-1 isolated from a Florida dental practitioner and his patients. Throughout the chapter, the author focuses on the oral manifestations of these infections and their management. 32 figures. 10 tables. 349 references.

- **Medical Assessment of HIV-Infected Dental Patients**

Source: in Glick, M., ed. *Dental Management of Patients with HIV*. Carol Stream, IL: Quintessence Publishing Company, Inc. 1994. p. 229-245.

Contact: Available from Quintessence Publishing Company, Inc. 551 North Kimberly Drive, Carol Stream, IL 60188-1881. (800) 621-0387 or (630) 682-3223; Fax (630) 682-3288; E-mail: quintpub@aol.com; <http://www.quintpub.com>. PRICE: \$68.00 plus shipping and handling. ISBN: 0867152885.

Summary: This chapter on the medical assessment of HIV-infected dental patients is from a comprehensive textbook on the dental management of patients with HIV. The author notes that some information about patients with HIV disease might prove uncomfortable to elicit for dental practitioners. The author explains how to obtain such information and shows how the data help dental health care workers to better understand the medical relevance of such facts. Categories to consider include transmission, date of initial HIV infection or test, history of **sexually transmitted diseases**, past and present infectious diseases, past and present HIV-related opportunistic infections, medications, allergies, tobacco and alcohol use, social support network, laboratory values, review of systems, and patient examination. The author also provides an overview of how dental practitioners can interpret medical information to evaluate the medical status of HIV infected patients. Such information will help dental health care workers differentiate oral pathologic conditions, reduce complications, and safely provide dental care. Since some oral manifestations may indicate disease progression, the author also discusses why the dental provider should be familiar with appropriate HIV support groups and patients' individual support networks. 3 tables. 51 references. (AA-M).

Directories

In addition to the references and resources discussed earlier in this chapter, a number of directories relating to sexually transmitted diseases have been published that consolidate information across various sources. The Combined Health Information Database lists the following, which you may wish to consult in your local medical library:¹²

- **Sources of Health Materials for African Americans, American Indian-Alaska Natives, Asians, Hispanics, Pacific Islanders**

Source: Washington, DC: Office of Minority Health Resource Center. October 1997. 56 p.

¹² You will need to limit your search to "Directory" and "sexually transmitted diseases" using the "Detailed Search" option. Go directly to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. To find directories, use the drop boxes at the bottom of the search page where "You may refine your search by." For publication date, select "All Years." Select your preferred language and the format option "Directory." Type "sexually transmitted diseases" (or synonyms) into the "For these words:" box. You should check back periodically with this database as it is updated every three months.

Contact: Available from Office of Minority Health Resource Center. P.O. Box 37337, Washington, DC 20013-7337. (800) 444-6472. Website: www.omhrc.gov. PRICE: Single copy free.

Summary: This bibliography lists sources of health materials that are written specifically for the needs of certain ethnic groups. This bibliography includes five sections: African Americans, American Indians (including Alaska Natives), Asians, Hispanics, and Pacific Islanders. The first section concentrates on health materials identified by the Office of Minority Health Resource Center (OMH-RC) as specifically targeting African Americans and includes resources on nutrition, exercise, and AIDS educational materials. This section also includes cancer, chemical dependency, diabetes, heart disease and stroke, infant mortality, and the associated risk factors. The second section lists culturally sensitive printed health materials identified for American Indians and includes sources of information for AIDS, cancer, child development, diabetes, high blood pressure, nutrition, and substance abuse. The third section includes culturally sensitive health materials identified in various Asian languages and lists resources on nutrition, exercise, and AIDS education. The fourth section covers health materials specifically targeting different Hispanic populations, noting that culturally sensitive and universally appropriate Spanish language materials for this diverse population are difficult to obtain and some do not take culture, linguistics and other factors that may influence health behaviors into consideration. The final section lists sources that produce or distribute health promotion materials for Pacific Islander populations. The listing includes sources of information for AIDS, diabetes, hepatitis, **sexually transmitted diseases**, and thalassemia, as well as other health areas. Each of the five sections offers a brief introduction, a listing of subject topics covered, and the organizations or publishers that serve as sources for the health materials. Representative publications (including audiovisual materials) are listed and briefly annotated under each organization.

- **Complete Directory for People with Chronic Illness. 4th ed**

Source: Lakeville, CT: Grey House Publishing, Inc. 2000. 1009 p.

Contact: Available from Grey House Publishing, Inc. Pocket Knife Square, Lakeville, CT 06039. (860) 435-0868. Fax (860) 435-0867. PRICE: \$165.00. ISBN: 0939300931.

Summary: This directory provides a comprehensive overview of the support services and information resources available for people with any of 80 specific chronic illnesses. It presents information on various organizations, educational materials, publications, and databases. A chapter is devoted to each chronic illness and includes a brief description of it. The sections related to kidney and urologic diseases include: AIDS, Alzheimer's disease, cancer, cerebral palsy, diabetes, hypertension, impotence, incontinence, infertility, kidney disease, multiple sclerosis, **sexually transmitted diseases**, spina bifida, stroke, and substance abuse. The description of each disease is followed by subchapters that identify national and State associations and agencies, libraries, research centers, reference books, children's books, magazines, newsletters, pamphlets, videotapes and films, support groups and hotlines, and websites. In addition, the directory includes a chapter on death and bereavement, as well as a chapter on Wish Foundations for terminally and chronically ill children.

- **Directory of Plain Language Health Information**

Source: Ottawa, Ontario: Canadian Public Health Association. 1999. 104 p.

Contact: Available from Canadian Public Health Association. 400-1565 Carling Avenue, Ottawa, Ontario, K1Z 8R1. (613) 725-3769. Fax (613) 725-9826. E-mail: comm@cpha.ca.

PRICE: \$19.95 plus shipping and handling. Also available at www.pls.cpha.ca for free.
ISBN: 189432403X.

Summary: Patient education materials are often written at a level that is higher than the reading level of the people who will need the materials. This directory lists 'plain language' patient education materials. An extensive introductory chapter in the directory describes how patient education materials are evaluated and offers specific information about the best strategies to create plain language materials. Each piece of health information in the directory is rated according to its design assessment, in order to help readers make informed decisions about choosing materials. Part I is a list of health subjects presented in alphabetical order, in the style of a typical index. The page number after a listing notes where to find that piece of health information in Part II. Part II is a list of organizations and their contact information. Below the contact information is a list of the plain language health titles produced by the organization. Each title is grouped under a grade level heading, is numbered, and has a design rating. Part III is an alphabetical list of all the organizations in Part II. Materials related to kidney and urologic diseases include kidney stones, urinary catheters, urinary tract infection, **sexually transmitted diseases**, bladder control, and sexuality. Appendices to the directory include a guide to the S.M.O.G. readability formula, clear design tips, and plain language tips.

- **Asian Language: Sources of Health Materials**

Source: Washington, DC: Office of Minority Health Resource Center. 199x. [11 p.].

Contact: Available from Office of Minority Health Resource Center. P.O. Box 37337, Washington, DC 20013-7337. (800) 444-6472. Website: www.omhrc.gov. PRICE: Single copy free.

Summary: This directory lists sources identified by the Office of Minority Health Resource Center (OMH RC) that produce or distribute health promotion materials in various Asian languages. Materials concentrate on minority health priority areas and associated risk factors: cancer, cardiovascular diseases and stroke, chemical dependency, diabetes, infant mortality, homicide, suicide, and unintentional injury. Sources of AIDS information and educational materials are also included. Topics related to kidney and urologic diseases include AIDS, cultural awareness, high blood pressure (hypertension), lupus, men's health, nutrition, **sexually transmitted diseases**, and women's health. Sources are arranged alphabetically. Organization entries include organization name, address, telephone number, source title, and annotation. The primary languages in which the organization provides materials are noted. Organizations should be contacted directly to determine the cost and availability of bulk quantities or for permission to photocopy.

- **9Health Fair Referral Guide**

Source: Denver, CO, Nine Health Services, Inc., 216 p., 1994.

Contact: Nine Health Services, Inc., 825 East Speer Boulevard, Suite 200, Denver, CO 80218. (303) 698-4455.

Summary: 9Health Fair Referral Guide is a publication of Nine Health Services, Inc. in Denver, Colorado, and is primarily used as a resource guide by health professionals at 9Health Fairs across Colorado. The Guide was compiled as a general reference with an emphasis on agencies that serve individuals and families on a limited income. It does, however, have resources for all income levels. Each resource listed in the Referral Guide

includes an address, phone number, available services and resources, and cost. Resources are listed in each of the following categories: Crisis and emergency numbers, acquired immune deficiency syndrome (AIDS), alopecia areata, Alzheimer's disease, arthritis, blood pressure screenings, cancer, cardiovascular, cerebral palsy, chiropractic, clinics, cystic fibrosis, dental care, dermatology, diabetes, disabled resources, eating disorders, epilepsy, general consumer information and education, government agencies, hearing, home health care, hospitals in metro Denver, immunizations, intestinal diseases, kidney disease, leukemia, living wills and related issues, lupus, medical societies, mental health, migrant health program, multiple sclerosis, muscular dystrophy, nutrition, orthodontics, ostomies, Parkinson's disease, physical therapy, podiatry, post-polio, prostate and testicular cancer, rehabilitation centers, respiratory diseases, runaways and shelters, safety, senior services, sexuality and family planning, **sexually transmitted diseases**, sickle cell anemia, shelter, smoking withdrawal and smokeless tobacco, social services agencies, speech and language, sports medicine, stress and grief, substance abuse (including alcohol and drug), suicide prevention, transplant resources, transportation, victim assistance, vision, and weight control. Resources are also listed for the following Colorado regions: Central and Mountain area, Eastern, Northern, Southern, and Western. Information numbers and referral services are also listed.

- **Weld County Health Department Audiovisual Catalog**

Source: Greeley, CO, Weld County Health Department, 44 p., 1993.

Contact: Weld County Health Department, Administration, Health Education, 1517 16th Avenue Court, Greeley, CO 80631. (303) 353-0586.

Summary: The Weld County Health Department Audiovisual Catalog lists audiovisuals and other aids available through the Health Department in Greeley, Colorado. The directory begins by defining rules for use of audiovisual materials, followed by a table of contents. Resource materials cover (1) environmental issues, (2) general health, (3) injury prevention, (4) parenting, (5) sexuality and pregnancy, (6) **sexually transmitted diseases**, (7) substance abuse and (8) tobacco. Resources are first listed by title in alphabetical order and marked as either a book, videotape, teaching aid, or film. The remaining pages group titles according to topic and inventory the length, audience, and description of the resource. Videotapes are rented for up to two weeks at a time at no charge with orders placed at least two days in advance.

- **Abstinence education resource directory**

Source: Washington, DC: Americans for a Sound AIDS/HIV Policy. 1997. 263 pp.

Contact: Available from Americans for a Sound AIDS/HIV Policy, P.O. Box 16433, Washington, DC 20041. Telephone: (703) 471-7350 / fax: (703) 471-8409. \$45.00; discounts available for bulk orders.

Summary: This directory contains a large variety of information and resources to help communities deliver abstinence based sexuality education programs. The resources are divided into five main categories: 1) campaigns, 2) curricula, 3) speakers, 4) supplements, and 5) videos. Within each main category, entries appear alphabetically, and each resource has been summarized to provide an overview of its contents and components (author, producer, contact names, telephone numbers and addresses, target audiences, topics covered.) The directory also provides an overview of abstinence-based sexuality education programs, a discussion of the definitions of abstinence, data on **sexually transmitted diseases** (STDs), HIV, teen pregnancy, and other pertinent issues,

an HIV/AIDS overview, and other information helpful to anyone concerned about or involved in abstinence-based education. Indices provides at the end of the directory arrange the resources alphabetically, by topic, by resource uses/target audiences, and by multi-lingual resources.

- **A guide to primary health care: Where to turn for programs in Allegheny County**

Source: Pittsburgh, PA: Jewish Healthcare Foundation. [1996?]. 63 pp.

Contact: Available from Jewish Healthcare Foundation, Center City Tower, 650 Smithfield Street, Suite 2330, Pittsburgh, PA 15222. Telephone: (412) 594-2550 / fax: (412) 232-6240 / e-mail: info@jhf.org.

Summary: This directory provides a listing of primary health centers in Allegheny County and is designed for families in that region that need help in finding such care and who may be financially challenged. Each center lists its location, hours, services, eligibilities, and fees. Health areas covered in this directory include: 1) AIDS, 2) caregivers, 3) dental care, 4) diseases/disorders, 5) eye and ear care, 6) home health/hospice care, 7) hospitals/health care centers/community clinics, 8) immunizations/flu shots, 9) infants/children, 10) medical equipment, 11) mental health/drugs and alcohol, 12) screenings, 13) senior health care, 14) **sexually transmitted diseases**, 15) medical transportation, and 16) women's health care.

CHAPTER 8. MULTIMEDIA ON SEXUALLY TRANSMITTED DISEASES

Overview

In this chapter, we show you how to keep current on multimedia sources of information on sexually transmitted diseases. We start with sources that have been summarized by federal agencies, and then show you how to find bibliographic information catalogued by the National Library of Medicine.

Video Recordings

An excellent source of multimedia information on sexually transmitted diseases is the Combined Health Information Database. You will need to limit your search to "Videorecording" and "sexually transmitted diseases" using the "Detailed Search" option. Go directly to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. To find video productions, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Videorecording (videotape, videocassette, etc.)." Type "sexually transmitted diseases" (or synonyms) into the "For these words:" box. The following is a typical result when searching for video recordings on sexually transmitted diseases:

- **Update: Sexually Transmitted Diseases**

Contact: Sunburst Technology, 101 Castleton St, Pleasantville, NY, 10507-9971, (800) 431-1934, <http://www.sunburst.com>.

Summary: This video and accompanying teacher's guide provides information about sexually transmitted diseases (STDs) and teenagers. The objective is to explain what these diseases are, how they are spread, how to prevent them, and what to do when an infection is suspected. In addition to explaining the health risks associated with these diseases, the video provides information on the emotional turmoil these diseases often bring. The video revolves around true-to-life stories of a number of teenagers who find themselves facing the diagnosis of an STD. The video covers HIV, chlamydia, human papilloma virus, and genital herpes. In addition, the video alerts the viewers to the symptoms of other STDs, including chancroid, hepatitis B, syphilis, and gonorrhea.

- **Sexually Transmitted Diseases: What You Should Know**

Contact: Pleasantville Media, PO Box 415, Pleasantville, NY, 10570, (914) 769-1734.

Summary: This video cassette presents information for teenagers on sexually transmitted diseases (STD) education and prevention. Although AIDS is the primary concern, it looks also at syphilis, gonorrhea, chlamydia, herpes, trichomoniasis, and genital warts. It provides information and dispels myths about how AIDS and other STD's are transmitted. It encourages sexual abstinence and models assertive behavior for teenagers who wish to say "no" to sexual activity.

- **Gotcha! From the Mouth of Syphilis and Crack Cocaine**

Contact: Youth Unlimited Productions, PO Box 16433, Portland, OR, 97233, (503) 284-8082.

Summary: A teen dramatization about drug abuse and sexually transmitted diseases (STD), this video recording stresses safer sexual practices for STD and AIDS prevention. A teen narrates the story of her friend, Toni, who abuses cocaine, does not use condoms, and has syphilis. The teen, another friend, and Toni's mother try to convince Toni to seek treatment. Gradually, Toni begins to take responsibility and uses condoms, but she gets arrested and ordered into drug treatment. The mother narrates a list of ways to prevent STDs including: practicing abstinence, limiting the number of sexual partners, and using condoms. Avoiding drugs is emphasized as well. An instructional guide is included.

Audio Recordings

The Combined Health Information Database contains abstracts on audio productions. To search CHID, go directly to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. To find audio productions, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Sound Recordings." Type "sexually transmitted diseases" (or synonyms) into the "For these words:" box. The following is a typical result when searching for sound recordings on sexually transmitted diseases:

- **Adolescent Health Initiative: New Partnership For HIV/AIDS, STD Prevention In Teens; the 16th National Lesbian & Gay Health Conference & 12th Annual AIDS/HIV Forum, New York, NY, June 24 - 26,**

Contact: Encore Cassettes, PO Box 231340, San Diego, CA, 92194, (619) 596-8402.

Summary: This audio tape records a workshop on adolescent reproductive health presented by the Association of Reproductive Health Professionals (ARHP), a medical specialty organization based in Washington, DC. The speaker reviews the logistics of the workshop, followed by a formal presentation on adolescent reproductive health. The presentation includes a discussion of how the organization's Adolescent Health Initiative can be improved to ensure that there is more involvement of the gay and lesbian community, and specifically gay and lesbian youth. The principal objective of the workshop leaders is to receive input from the audience on this objective. The ARHP's focus is on **sexually transmitted diseases**, HIV, contraception, and menopause.

- **Listen Carefully**

Contact: Emory University, School of Medicine, Department of Gynecology/Obstetrics, 1462 Clifton Rd, Atlanta, GA, 30322, (404) 589-3556.

Summary: This cassette contains information in a question-and-answer format about birth control pills and other forms of contraception. Special instructions for beginning oral contraceptives are given, as well as instructions on steps to be taken if pills are missed. Side effects and danger signs are also explained. While oral contraceptives are effective in preventing pregnancy, condoms are urged as an effective means of preventing **sexually transmitted diseases** (STD's), including HIV and AIDS.

- **Children at Risk Because of AIDS**

Contact: King's College, Center for Education about Death and Bereavement, 266 Epworth Ave, London, (519) 432-7946.

Summary: This sound recording contains an address by Dr. Robert Fulton in which he discusses a study of 1000 first year students at the University of Minnesota. The study is comprised of statistics on the knowledge about sexual behavior, sexual activity, incidences of **sexually transmitted diseases** (STD's) and their relationship to divorce. It presents information that STD's are a major health factor on college campuses, and that the use of barrier protection is inversely related to the number of partners each sexually active individual has. It highlights the fact that young women are at greater risk for HIV because of the high incidence of chlamydia. It emphasizes the lack of impact education efforts are having on young adults who are sexually active, and recommends that current education efforts be reexamined.

- **BE SAFE**

Contact: Advantage Life Products, Incorporated, 26052 Merit Cir #106, Laguna Hills, CA, 92653, (714) 582-0035.

Summary: This sound recording recapitulates the accompanying study guide to discuss with adolescents, their parents, schools, or counselors the consequences of sexual activity, including the Human immunodeficiency virus (HIV) and **sexually transmitted diseases** (STD's). The progression of HIV to Acquired immunodeficiency syndrome (AIDS) is presented. Adolescents are given information to encourage responsible decision-making. The development of strong self esteem is emphasized. It discusses the HIV-antibody test and who should consider taking the test. It also lists phone numbers of organizations that can provide further information or referrals.

- **How to Look for HIV in Your Practice. (And What to Do When You Find It)**

Contact: GlaxoSmithKline, 5 Moore Dr, Research Triangle Park, NC, 27709, (888) 825-5249, <http://corp.gsk.com/>.

Summary: This sound recording contains excerpts from a speech given by Marcus Conant at the Sixth International Conference on AIDS, held June 20, 1990, in San Francisco, CA, and is intended to help educate physicians on diagnosing and caring for persons with Human immunodeficiency virus (HIV) infection in private practice. Conant discusses markers that may put a person at high risk for HIV infection, such as a history of **sexually transmitted diseases** (STD's) or Hepatitis B, personal history, or transfusions in the past. Opportunistic diseases, such as herpes zoster, yeast in the mouth, and others, should also make physicians consider suggesting an HIV-antibody test. The presentation gives suggestions on counseling an asymptomatic patient about

the need for being tested. Conant tells what symptoms to look for in evaluating an infected patient, and what tests need to be performed. Treatment with azidothymidine (AZT) is discussed. The presentation tells physicians what to do when the immune system begins to deteriorate. Conant concludes by saying that most primary-care physicians already have everything in place in their practice to care for a Person with AIDS (PWA).

- **AIDS in Adolescents and Women. Building an Economic Framework, Prevention '91: Baltimore, MD, March 16-19, 1991**

Contact: Chesapeake Audio/Video Communications, 6330 Howard Ave, Elkridge, MD, 21227, (410) 796-0040.

Summary: This sound recording of proceedings, from Building an Economic Framework: Prevention '91, held March 16-19, 1991, in Baltimore, MD, examines issues related to women, adolescents, and Human immunodeficiency virus (HIV) infection. The primary speaker is Larry D'Angelo, chairman of Adolescent Health at Children's National Medical Center in Washington, D.C. He gives a general overview of Acquired immunodeficiency syndrome (AIDS) in women and adolescents, and says that both are similar in that they represent a small, but rapidly growing, percentage of HIV infections. D'Angelo says it is important to count the AIDS cases that will be seen in the future, not the AIDS cases that are being seen now. He presents statistics from high prevalence areas throughout the United States, and takes a look at testing, confidentiality, and support issues for both groups. The second speaker discusses a study of AIDS risk and risk-reduction behaviors among young Black and white women in California. She says that the nationwide rate of heterosexual transmission has more than doubled in the past eight years, and that AIDS is spreading to women who are dating, not just to sex workers or Intravenous drug users (IVDU's). She presents the results of research questions which determined risk, perception of risk, and risk-reducing behavior. The study showed that Black women had more partners and more incidence of **sexually transmitted diseases** (STD's), but there was no difference in risk between the two groups. Their perceptions of risk were related to their actual risk, but there was no correlation between this and risk-reducing behavior. A final speaker presents models of HIV trends among Black and Hispanic women in New York City. The model uses 32 different parameters to examine AIDS incidence, testing, pregnancy, and serostatus of infants.

- **The Role of Schools in Promoting Adolescent Health. Building an Economic Framework, Prevention '91: Baltimore, MD, March 16-19, 1991**

Contact: Chesapeake Audio/Video Communications, 6330 Howard Ave, Elkridge, MD, 21227, (410) 796-0040.

Summary: This sound recording of proceedings, from Building an Economic Framework: Prevention '91, held March 16-19, 1991, in Baltimore, MD, deals with the health needs of adolescents. The speakers, John Santelli and Candace Sullivan, discuss the many problems faced by today's adolescents, including pregnancy, suicide, homicide, and **sexually transmitted diseases** (STD's) such as Human immunodeficiency virus (HIV) infection and Acquired immunodeficiency syndrome (AIDS). Santelli presents statistics and studies about these behaviorally based problems; he takes a look at the implications of peer pressure and compares the United States to other Western nations. Sullivan examines health education programs and their attendant problems, such as parental disapproval of curriculum and lack of staff and funds. The success of school-based clinics in preventing pregnancy and other sexual problems is discussed at

length. Cooperation among agencies and guaranteed access to health care for all adolescents are called for.

- **Panel: Special Community Programs; Alternative Schools, Minneapolis Urban League, University of Minnesota Comprehensive Hemophilia Clinic, University of Minnesota Youth and AIDS Project**

Contact: University of Minnesota, Continuing Medical Education, 420 Delaware St SE, Box 202 UMHC, Minneapolis, MN, 55455, (612) 626-5525.

Summary: This sound recording of proceedings from the 12th Annual Adolescent Health Care Conference, held October 12-13, 1990, in Minneapolis, MN, features four speakers who discuss peer education programs. Sandy Naughton, the first speaker, talks about recruiting students to act as peer educators in special community programs through alternative schools. She says it has improved students' sexual and drug-using behaviors in a dramatic fashion. Next, Grace Moore talks about peer education for African American adolescents through the Minneapolis Urban League. She says the program is called PREP, Planned Responsibility Equals Prevention, and that they train youth to become peer educators and to present information on AIDS, sexuality, **sexually transmitted diseases** (STDs), and drug abuse. Next, Roxanna Boelson, a nurse, tells about her work at the University of Minnesota Comprehensive Hemophilia Center. She explains that the center began in the mid-1970s to teach persons with hemophilia to become more independent in living with a chronic illness, but that HIV has added a whole new dimension to their work. She began working with the center in 1988, counseling adolescent hemophiliacs and their sex partners. Boelson started a program of handing out condoms and evaluating adolescents for inclusion in clinical trials. All information is kept confidential from their parents. The final speaker, Dr. Gary Remafedi, details his work with homosexual youth at the University of Minnesota Youth and AIDS Project. The goal of the program, he says, is to prevent transmission of HIV to and from homosexual youth. Remafedi says that aside from transfusion-related AIDS, 70 percent of all adolescent AIDS cases are among homosexuals. He says some adolescents come to the project through self-referral, some through peer referral, and some through professional referral. At the project, they are counseled on sexuality and HIV prevention. He says that according to their behaviors, 75 percent are at extreme risk. A question-and-answer period follows the panel discussion.

- **Pre - test and Post - test Counseling: Skills Building**

Contact: Health Impact, PO Box 9443, Seattle, WA, 98109-9443, (206) 284-3865, <http://www.healthimpact.org/>.

Summary: This sound recording deals with issues involved in counseling persons who are having, or who have had, antibody testing for Human immunodeficiency virus (HIV). Pre-test counseling consists of taking a careful patient history to assess for risk factors, explaining what the meaning of either positive or negative test results will be, and the advantages and disadvantages of being tested. The confidentiality of test results should be stressed. Post-test counseling consists of assessing the patient's anxiety level, helping the patient assimilate the test results and their meaning, and helping HIV-positive persons plan for medical followup. Special assistance and counseling are necessary for people using drugs, in prenatal care, and in cases where other **sexually transmitted diseases** (STD's) are present. If testing and counseling are done for a hospitalized person, a decision about which hospital personnel have primary responsibility must be made. Counseling training centers in Washington are listed at the

end. Review questions and a post-test are given in the booklet that accompanies the recording.

- **Washington State AIDS Act and Introduction to Resources**

Contact: Health Impact, PO Box 9443, Seattle, WA, 98109-9443, (206) 284-3865, <http://www.healthimpact.org/>.

Summary: This sound recording describes the Washington State AIDS Omnibus Act. The background of the legislation is discussed, and details of the actual bill are presented. It requires school Acquired immunodeficiency syndrome (AIDS) education; employee training, especially for health-care workers; antibody testing in certain circumstances; confidentiality of test results for both **sexually transmitted diseases** (STD's) and Human immunodeficiency virus (HIV); and counseling in some situations. The legislation forbids discrimination based on results of either antibody tests or tests for STD's without consent except in limited circumstances, and also forbids conduct endangering public health by seropositive persons. References and a post-test questionnaire are included in the booklet that accompanies this sound recording.

- **No One Surviving**

Source: Sir Justice Emcee, Life of the Future.

Contact: God N Hop Records International, PO Box 11764, Tampa, FL, 33680, (813) 321-0622.

Summary: This videorecording deals with Human immunodeficiency virus (HIV) and other **sexually transmitted diseases** (STD's). The song describes an attractive young woman who develops Acquired immunodeficiency syndrome (AIDS) and goes on to tell of other STD's. The song is on a videorecording called Life of the Future, which includes other songs not about AIDS.

- **How to Talk With a Partner About Smart Sex: An Ounce of Prevention**

Contact: Fay Institute of Human Relations, Inc., PO Box 5 CDN, Montreal, (613) 737-1394.

Summary: This sound recording presents guidelines for effective communications, between sex partners, regarding sexual behavior and protection from **sexually transmitted diseases** (STD's), including Acquired immunodeficiency syndrome (AIDS) and Human immunodeficiency virus (HIV) infection. It provides various scripts on bringing up the subject of safer-sex practice by either a male or female, as well as suggestions on how to respond to denial about AIDS, and to objections to condom use. It also covers how to say no to sex, instructions for condom use, tests for HIV-antibodies, and oral and anal intercourse.

Bibliography: Multimedia on Sexually Transmitted Diseases

The National Library of Medicine is a rich source of information on healthcare-related multimedia productions including slides, computer software, and databases. To access the multimedia database, go to the following Web site: <http://locatorplus.gov/>. Select "Search LOCATORplus." Once in the search area, simply type in sexually transmitted diseases (or synonyms). Then, in the option box provided below the search box, select "Audiovisuals

and Computer Files." From there, you can choose to sort results by publication date, author, or relevance. The following multimedia has been indexed on sexually transmitted diseases:

- **A Venereal disease rapid treatment center [motion picture]** Source: filmed by U.S. Department of Agriculture Motion Picture Service; [presented by] United States Public Health Service; Year: 1944; Format: Motion picture; United States: United States Public Health Service, [1944]
- **Penicillin and venereal disease [motion picture]** Source: presented by the U.S. Public Health Service, in cooperation with state and local health departments; Year: 1947; Format: Motion picture; United States: The Service, [1947]
- **Plain talk about VD [videorecording]: venereal disease** Source: Brooke Army Medical Center; Year: 1972; Format: Videorecording; Fort Sam Houston, Tex.: Academy of Health Sciences, 1972
- **Rape; Venereal disease [videorecording]** Source: Dept. of Psychology and the Office of Telecourses, Continuing Education, University of Washington; Year: 1975; Format: Videorecording; [Seattle]: The University: [for loan or sale by University of Washington Press, 1975]
- **Sexually transmitted disease [videorecording]** Source: [presented by] American Medical Association; Year: 1982; Format: Videorecording; Chicago, Ill.: The Association, c1982
- **Sexually transmitted diseases [filmstrip]** Source: produced by Concept Media; Year: 1984; Format: Filmstrip; Irvine, CA: Concept Media, c1984
- **Sexually transmitted diseases [slide]** Source: Nicholas J. Fiumara; Year: 1979; Format: Slide; [New York]: Medcom, c1979
- **Sexually transmitted diseases [slide]** Source: E. George Thorne, Ronald R. Pfister, and the A. U. A., inc; Year: 1980; Format: Slide; [Baltimore]: A. U. A.; [Norwich, N. Y.: for loan or sale by Norwich-Eaton Pharmaceuticals, Film Library, 1980]
- **Sexually transmitted diseases [videorecording]** Source: a Hahnemann University and Videotech Associates Inc. production; Year: 1983; Format: Videorecording; [S.I.]: The Associates, c1983
- **Sexually transmitted diseases, 1980's update [videorecording]** Source: presented by the Department of Medicine, Emory University, School of Medicine; Year: 1984; Format: Videorecording; Atlanta, Ga.: Emory Medical Television Network, 1984
- **Skin manifestations of the sexually transmitted diseases [slide]** Source: Tomasz F. Mroczkowski, Sumner E. Thompson; Year: 1986; Format: Slide; Washington, D.C.: National Audiovisual Center, [1986]
- **Slide atlas of sexually transmitted diseases [slide].** Year: 1989; Format: Slide; New York, N.Y.: Gower Medical Pub., c1989
- **Survey of sexually transmitted disease for nurses [slide].** Year: 1986; Format: Slide; [S.I.]: s.n., 1986]
- **V.D. & syphilis [slide]** Source: A. P. Ulbrich. v d and syphilis; Year: 1978; Format: Slide; East Lansing, Mich.: Michigan State Univ.: [for sale by its Instructional Media Center, Marketing Division], c1978
- **Venereal diseases [videorecording]** Source: [produced by] Hahnemann Medical College & Hospital and World Video Corp; Year: 1980; Format: Videorecording; [S.I.]: Medcare Associates, c1980

CHAPTER 9. PERIODICALS AND NEWS ON SEXUALLY TRANSMITTED DISEASES

Overview

In this chapter, we suggest a number of news sources and present various periodicals that cover sexually transmitted diseases.

News Services and Press Releases

One of the simplest ways of tracking press releases on sexually transmitted diseases is to search the news wires. In the following sample of sources, we will briefly describe how to access each service. These services only post recent news intended for public viewing.

PR Newswire

To access the PR Newswire archive, simply go to <http://www.prnewswire.com/>. Select your country. Type “sexually transmitted diseases” (or synonyms) into the search box. You will automatically receive information on relevant news releases posted within the last 30 days. The search results are shown by order of relevance.

Reuters Health

The Reuters’ Medical News and Health eLine databases can be very useful in exploring news archives relating to sexually transmitted diseases. While some of the listed articles are free to view, others are available for purchase for a nominal fee. To access this archive, go to <http://www.reutershealth.com/en/index.html> and search by “sexually transmitted diseases” (or synonyms). The following was recently listed in this archive for sexually transmitted diseases:

- **Sexually transmitted disease screening can reduce HIV transmission**
Source: Reuters Medical News
Date: September 11, 2003
<http://www.reutershealth.com/archive/2003/09/11/professional/links/20030911publ001.html>
- **Officials aim to combat jump in sexually transmitted diseases in the Netherlands**
Source: Reuters Medical News
Date: June 25, 2003
- **Rates of syphilis soar in Italy: experts**
Source: Reuters Health eLine
Date: March 21, 2003
- **Drug-resistant gonorrhea on the rise in 2 states**
Source: Reuters Health eLine
Date: November 21, 2002
- **Syphilis 'epidemic' seen among gay men in Germany**
Source: Reuters Health eLine
Date: October 09, 2002
- **Germany reports sharp rise in syphilis among gay men, perhaps via oral sex**
Source: Reuters Medical News
Date: October 08, 2002
- **HIV infection increases the risk of genital warts in women with HPV**
Source: Reuters Medical News
Date: September 13, 2002
- **Abbott recalls gonorrhea test kits**
Source: Reuters Industry Breifing
Date: September 03, 2002
- **Sexually transmitted diseases on the rise in UK**
Source: Reuters Health eLine
Date: August 15, 2002
- **UK rise in syphilis sparks calls for surveillance**
Source: Reuters Health eLine
Date: July 19, 2002
- **Increasing UK syphilis rates spark calls for surveillance**
Source: Reuters Medical News
Date: July 19, 2002

- **Don't forget neurosyphilis, researcher warns docs**
Source: Reuters Health eLine
Date: June 26, 2002
- **CORRECTION: Syphilis tests may aid treatment of newborns: study**
Source: Reuters Health eLine
Date: June 07, 2002
- **Infant deaths from syphilis still a problem in US**
Source: Reuters Health eLine
Date: May 29, 2002

The NIH

Within MEDLINEplus, the NIH has made an agreement with the New York Times Syndicate, the AP News Service, and Reuters to deliver news that can be browsed by the public. Search news releases at http://www.nlm.nih.gov/medlineplus/alphanews_a.html. MEDLINEplus allows you to browse across an alphabetical index. Or you can search by date at the following Web page: <http://www.nlm.nih.gov/medlineplus/newsbydate.html>. Often, news items are indexed by MEDLINEplus within its search engine.

Business Wire

Business Wire is similar to PR Newswire. To access this archive, simply go to <http://www.businesswire.com/>. You can scan the news by industry category or company name.

Market Wire

Market Wire is more focused on technology than the other wires. To browse the latest press releases by topic, such as alternative medicine, biotechnology, fitness, healthcare, legal, nutrition, and pharmaceuticals, access Market Wire's Medical/Health channel at http://www.marketwire.com/mw/release_index?channel=MedicalHealth. Or simply go to Market Wire's home page at <http://www.marketwire.com/mw/home>, type "sexually transmitted diseases" (or synonyms) into the search box, and click on "Search News." As this service is technology oriented, you may wish to use it when searching for press releases covering diagnostic procedures or tests.

Search Engines

Medical news is also available in the news sections of commercial Internet search engines. See the health news page at Yahoo (http://dir.yahoo.com/Health/News_and_Media/), or you can use this Web site's general news search page at <http://news.yahoo.com/>. Type in "sexually transmitted diseases" (or synonyms). If you know the name of a company that is relevant to sexually transmitted diseases, you can go to any stock trading Web site (such as <http://www.etrade.com/>) and search for the company name there. News items across

various news sources are reported on indicated hyperlinks. Google offers a similar service at <http://news.google.com/>.

BBC

Covering news from a more European perspective, the British Broadcasting Corporation (BBC) allows the public free access to their news archive located at <http://www.bbc.co.uk/>. Search by "sexually transmitted diseases" (or synonyms).

Newsletters on Sexually Transmitted Diseases

Find newsletters on sexually transmitted diseases using the Combined Health Information Database (CHID). You will need to use the "Detailed Search" option. To access CHID, go to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. Limit your search to "Newsletter" and "sexually transmitted diseases." Go to the bottom of the search page where "You may refine your search by." Select the dates and language that you prefer. For the format option, select "Newsletter." Type "sexually transmitted diseases" (or synonyms) into the "For these words:" box. The following list was generated using the options described above:

- **Making choices about sex**

Source: Prospect, KY: Care Comm. 1994. 4 pp.

Contact: Available from Mary Anne Arnold, Care Comm, 2901 Wayzata Boulevard, Minneapolis, MN 554052. Telephone: (502) 228-4650 or (800) 328-4650 / fax: (502) 228-2187 / e-mail: Care C I@aol.com. Contact for cost information.

Summary: This newsletter provides quick guidance to adolescents before they engage in sexual activity and stresses knowing the facts before engaging in decisions that can change lives. It explains the facts about unplanned pregnancy, **sexually transmitted diseases**, and the uses of drugs and alcohol during sex.

Newsletter Articles

Use the Combined Health Information Database, and limit your search criteria to "newsletter articles." Again, you will need to use the "Detailed Search" option. Go directly to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. Go to the bottom of the search page where "You may refine your search by." Select the dates and language that you prefer. For the format option, select "Newsletter Article." Type "sexually transmitted diseases" (or synonyms) into the "For these words:" box. You should check back periodically with this database as it is updated every three months. The following is a typical result when searching for newsletter articles on sexually transmitted diseases:

- **AIDS Hotline Signs on Deaf Consumers**

Source: Closing the Gap. p. 12-13. October-November 1999.

Contact: Available from Office of Minority Health, Office of Public Health and Science, U.S. Department of Health and Human Services. Closing the Gap, OMH-RC, P.O. Box 37337, Washington, DC 20013-7337. (800) 444-6472. Website: www.omhrc.gov.

Summary: Deafness or hearing loss comprise the second most common chronic health condition in the United States. More than 28 million Americans have some form of hearing loss, and 80 percent of those have irreversible and permanent hearing damage. Yet the deaf community is an underserved subculture that often relies on other deaf people for health information. This article reports on the AIDS hotline, established by the Centers for Disease Control and Prevention (CDC) to provide confidential and reliable information on HIV, AIDS, and other **sexually transmitted diseases** (STDs) to the deaf community. This article interviews Chad Ludwig, BSW, the senior supervisor of the Hotline TTY service. Topics include special health information needs of the deaf community, barriers to prevention and treatment information faced by deaf people, the most common vehicle for obtaining information in the deaf community, risk factors for HIV and other STDs in the deaf community, discrimination against deaf people, outreach activities, and how to access the Hotline. One sidebar summarizes the services offered through the CDC National AIDS Hotline TTY Service (800-243-7889).

Academic Periodicals covering Sexually Transmitted Diseases

Numerous periodicals are currently indexed within the National Library of Medicine's PubMed database that are known to publish articles relating to sexually transmitted diseases. In addition to these sources, you can search for articles covering sexually transmitted diseases that have been published by any of the periodicals listed in previous chapters. To find the latest studies published, go to <http://www.ncbi.nlm.nih.gov/pubmed>, type the name of the periodical into the search box, and click "Go."

If you want complete details about the historical contents of a journal, you can also visit the following Web site: <http://www.ncbi.nlm.nih.gov/entrez/jrbrowser.cgi>. Here, type in the name of the journal or its abbreviation, and you will receive an index of published articles. At <http://locatorplus.gov/>, you can retrieve more indexing information on medical periodicals (e.g. the name of the publisher). Select the button "Search LOCATORplus." Then type in the name of the journal and select the advanced search option "Journal Title Search."

APPENDICES

APPENDIX A. PHYSICIAN RESOURCES

Overview

In this chapter, we focus on databases and Internet-based guidelines and information resources created or written for a professional audience.

NIH Guidelines

Commonly referred to as “clinical” or “professional” guidelines, the National Institutes of Health publish physician guidelines for the most common diseases. Publications are available at the following by relevant Institute¹³:

- Office of the Director (OD); guidelines consolidated across agencies available at <http://www.nih.gov/health/consumer/conkey.htm>
- National Institute of General Medical Sciences (NIGMS); fact sheets available at <http://www.nigms.nih.gov/news/facts/>
- National Library of Medicine (NLM); extensive encyclopedia (A.D.A.M., Inc.) with guidelines: <http://www.nlm.nih.gov/medlineplus/healthtopics.html>
- National Cancer Institute (NCI); guidelines available at <http://www.cancer.gov/cancerinfo/list.aspx?viewid=5f35036e-5497-4d86-8c2c-714a9f7c8d25>
- National Eye Institute (NEI); guidelines available at <http://www.nei.nih.gov/order/index.htm>
- National Heart, Lung, and Blood Institute (NHLBI); guidelines available at <http://www.nhlbi.nih.gov/guidelines/index.htm>
- National Human Genome Research Institute (NHGRI); research available at <http://www.genome.gov/page.cfm?pageID=10000375>
- National Institute on Aging (NIA); guidelines available at <http://www.nia.nih.gov/health/>

¹³ These publications are typically written by one or more of the various NIH Institutes.

- National Institute on Alcohol Abuse and Alcoholism (NIAAA); guidelines available at <http://www.niaaa.nih.gov/publications/publications.htm>
- National Institute of Allergy and Infectious Diseases (NIAID); guidelines available at <http://www.niaid.nih.gov/publications/>
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS); fact sheets and guidelines available at <http://www.niams.nih.gov/hi/index.htm>
- National Institute of Child Health and Human Development (NICHD); guidelines available at <http://www.nichd.nih.gov/publications/pubskey.cfm>
- National Institute on Deafness and Other Communication Disorders (NIDCD); fact sheets and guidelines at <http://www.nidcd.nih.gov/health/>
- National Institute of Dental and Craniofacial Research (NIDCR); guidelines available at <http://www.nidr.nih.gov/health/>
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); guidelines available at <http://www.niddk.nih.gov/health/health.htm>
- National Institute on Drug Abuse (NIDA); guidelines available at <http://www.nida.nih.gov/DrugAbuse.html>
- National Institute of Environmental Health Sciences (NIEHS); environmental health information available at <http://www.niehs.nih.gov/external/facts.htm>
- National Institute of Mental Health (NIMH); guidelines available at <http://www.nimh.nih.gov/practitioners/index.cfm>
- National Institute of Neurological Disorders and Stroke (NINDS); neurological disorder information pages available at http://www.ninds.nih.gov/health_and_medical/disorder_index.htm
- National Institute of Nursing Research (NINR); publications on selected illnesses at <http://www.nih.gov/ninr/news-info/publications.html>
- National Institute of Biomedical Imaging and Bioengineering; general information at http://grants.nih.gov/grants/becon/becon_info.htm
- Center for Information Technology (CIT); referrals to other agencies based on keyword searches available at http://kb.nih.gov/www_query_main.asp
- National Center for Complementary and Alternative Medicine (NCCAM); health information available at <http://nccam.nih.gov/health/>
- National Center for Research Resources (NCRR); various information directories available at <http://www.ncrr.nih.gov/publications.asp>
- Office of Rare Diseases; various fact sheets available at http://rarediseases.info.nih.gov/html/resources/rep_pubs.html
- Centers for Disease Control and Prevention; various fact sheets on infectious diseases available at <http://www.cdc.gov/publications.htm>

NIH Databases

In addition to the various Institutes of Health that publish professional guidelines, the NIH has designed a number of databases for professionals.¹⁴ Physician-oriented resources provide a wide variety of information related to the biomedical and health sciences, both past and present. The format of these resources varies. Searchable databases, bibliographic citations, full-text articles (when available), archival collections, and images are all available. The following are referenced by the National Library of Medicine:¹⁵

- **Bioethics:** Access to published literature on the ethical, legal, and public policy issues surrounding healthcare and biomedical research. This information is provided in conjunction with the Kennedy Institute of Ethics located at Georgetown University, Washington, D.C.: http://www.nlm.nih.gov/databases/databases_bioethics.html
- **HIV/AIDS Resources:** Describes various links and databases dedicated to HIV/AIDS research: <http://www.nlm.nih.gov/pubs/factsheets/aidsinfo.html>
- **NLM Online Exhibitions:** Describes "Exhibitions in the History of Medicine": <http://www.nlm.nih.gov/exhibition/exhibition.html>. Additional resources for historical scholarship in medicine: <http://www.nlm.nih.gov/hmd/hmd.html>
- **Biotechnology Information:** Access to public databases. The National Center for Biotechnology Information conducts research in computational biology, develops software tools for analyzing genome data, and disseminates biomedical information for the better understanding of molecular processes affecting human health and disease: <http://www.ncbi.nlm.nih.gov/>
- **Population Information:** The National Library of Medicine provides access to worldwide coverage of population, family planning, and related health issues, including family planning technology and programs, fertility, and population law and policy: http://www.nlm.nih.gov/databases/databases_population.html
- **Cancer Information:** Access to cancer-oriented databases: http://www.nlm.nih.gov/databases/databases_cancer.html
- **Profiles in Science:** Offering the archival collections of prominent twentieth-century biomedical scientists to the public through modern digital technology: <http://www.profiles.nlm.nih.gov/>
- **Chemical Information:** Provides links to various chemical databases and references: <http://sis.nlm.nih.gov/Chem/ChemMain.html>
- **Clinical Alerts:** Reports the release of findings from the NIH-funded clinical trials where such release could significantly affect morbidity and mortality: http://www.nlm.nih.gov/databases/alerts/clinical_alerts.html
- **Space Life Sciences:** Provides links and information to space-based research (including NASA): http://www.nlm.nih.gov/databases/databases_space.html
- **MEDLINE:** Bibliographic database covering the fields of medicine, nursing, dentistry, veterinary medicine, the healthcare system, and the pre-clinical sciences: http://www.nlm.nih.gov/databases/databases_medline.html

¹⁴ Remember, for the general public, the National Library of Medicine recommends the databases referenced in MEDLINEplus (<http://medlineplus.gov/> or <http://www.nlm.nih.gov/medlineplus/databases.html>).

¹⁵ See <http://www.nlm.nih.gov/databases/databases.html>.

- **Toxicology and Environmental Health Information (TOXNET):** Databases covering toxicology and environmental health: <http://sis.nlm.nih.gov/Tox/ToxMain.html>
- **Visible Human Interface:** Anatomically detailed, three-dimensional representations of normal male and female human bodies:
http://www.nlm.nih.gov/research/visible/visible_human.html

The Combined Health Information Database

A comprehensive source of information on clinical guidelines written for professionals is the Combined Health Information Database. You will need to limit your search to one of the following: Brochure/Pamphlet, Fact Sheet, or Information Package, and “sexually transmitted diseases” using the “Detailed Search” option. Go directly to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. To find associations, use the drop boxes at the bottom of the search page where “You may refine your search by.” For the publication date, select “All Years.” Select your preferred language and the format option “Fact Sheet.” Type “sexually transmitted diseases” (or synonyms) into the “For these words:” box. The following is a sample result:

- **Preventing Teenage Pregnancy, Childbearing, and Sexually Transmitted Diseases: What the Research Shows**

Contact: Child Trends, 4301 Connecticut Ave NW Ste 100, Washington, DC, 20008, (202) 362-5580, <http://www.childtrends.org>.

Summary: This report discusses results of studies on adolescent reproductive health and presents a table of specific programs and approaches that have been successful in improving positive reproductive health behaviors. The report examines the factors that lead to positive reproductive health behaviors including the adolescent's gender, age, race and ethnicity, attitudes, involvement in activities and academic performance, family, the role of peers, the adolescent's partners, the school, and neighborhood and community contexts. Programs and approaches that have been successful are those that focus on early childhood development, that combine sexuality education for older children with positive activities, and those that send nurses to visit teenage mothers with reducing the likelihood of having another child during the teen years as one of their goals.

- **Sexually Transmitted Diseases : Autumn 1998**

Contact: US Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Allergy and Infectious Diseases, Division of AIDS, 6700-B Rockledge Dr, Bethesda, MD, 20892-7620, (301) 496-0545, <http://www.niaid.nih.gov>.

Summary: This information package discusses the general facts concerning a number of sexually transmitted diseases (STDs). It explains the long-term dangers of untreated STDs, and provides prevention information. Chlamydia, genital herpes, gonorrhea, human papillomavirus (HPV), pelvic inflammatory disease (PID), syphilis, vaginitis, and other STDs are discussed in this information package. For each of these STDs, the information package identifies the symptoms and describes the diagnostic process, as well as, the medical treatments available. It examines the current research being conducted related to the specific STD.

- **Sexually Transmitted Diseases : Policies and Principles for Prevention and Care**

Contact: World Health Organization, Joint United Nations Programme on HIV/ AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report discusses issues concerning the prevention and treatment of sexually transmitted diseases (STDs). The report examines the significance of STDs in the transmission of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), and the history of STD control. It explains the primary and secondary prevention practices for STDs. It provides information about access to STD care in the public and private sectors, categorical STD clinics, general health care structures, and referral services. The report discusses different components of effective STD care such as the national guidelines for case management, the training of health care providers, the availability and means for consultation and examination, the consistent availability of appropriate drugs and condom supplies to providers for client use, acceptable STD care, laboratory involvement in STD care and services. It addresses topics in partner notification such as patient and provider referrals. It explains the promotion of appropriate health-care seeking to the general public, targeting services, case-finding to aid in the prevention of the spread of STDs, screening for STDs, and issues concerning these diseases in children and adolescents. It provides information about STD prevention and care program management, and the supervision, monitoring, and evaluation of the program and patients.

- **What Teens Know and Don't (But Should) About Sexually Transmitted Diseases : Kaiser Family Foundation/MTV/Teen People : A National Survey of 15 to 17 Year-Olds**

Contact: Kaiser Family Foundation, 2400 Sand Hill Rd, Menlo Park, CA, 94025, (415) 854-9400.

Summary: This report examines the results of a survey conducted among 400 15- to 17-year-old adolescents to gauge their knowledge and perceptions of their risks for sexually transmitted diseases (STDs). It describes where teens rank STDs among the social or medical problems facing them, and assesses the knowledge of the respondents concerning STD facts. Data reveals that most teens do not consider themselves at risk for STDs, and that the majority have never been tested for STDs or the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS). The report explores the safer sex activities practiced by the adolescent respondents, and identifies the persons from whom they learn the most about STDs and prevention. It includes information about the feelings of the respondents towards the societal stigma associated with STDs.

- **Jamaica : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/ AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Jamaica. The report explains the HIV/ AIDS and STD epidemiological data collection process in Jamaica for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the

disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Nicaragua : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/ AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Nicaragua. The report examines the HIV/ AIDS and STD epidemiological data collection process in Nicaragua for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Mexico : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/ AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Mexico. The report explains the HIV/ AIDS and STD epidemiological data collection process in Mexico for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Honduras : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/ AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and

sexually transmitted diseases (STDs) in Honduras. The report explains the HIV/AIDS and STD epidemiological data collection process in Honduras for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Panama : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Panama. The report explains the HIV/AIDS and STD epidemiological data collection process in Panama for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Venezuela : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Venezuela. The report reviews the HIV/AIDS and STD epidemiological data collection process in Venezuela for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Peru : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/ AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Peru. The report reviews the HIV/AIDS and STD epidemiological data collection process in Peru for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Paraguay : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/ AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Paraguay. The report reviews the HIV/AIDS and STD epidemiological data collection process in Paraguay for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Trinidad and Tobago : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/ AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Trinidad and Tobago and examines the epidemiological data collection process for HIV/AIDS and STDs in Trinidad and Tobago for 1997. The report examines the reasons why most of the numbers given in this epidemiological report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It

provides statistical data about the distribution of HIV by age group, and the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Uruguay : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/ AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Uruguay. The report reviews the HIV/ AIDS and STD epidemiological data collection process in Uruguay for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Suriname : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/ AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Suriname. The report reviews the HIV/ AIDS and STD epidemiological data collection process in Suriname for 1997 and examines the reasons why most of the numbers provided in the report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Haiti : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/ AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Haiti. The report explains the HIV/ AIDS and STD epidemiological data collection process in Haiti for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It

states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Ecuador : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Ecuador. The report explains the HIV/AIDS and STD epidemiological data collection process in Ecuador for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Costa Rica : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Costa Rica. The report explains the HIV/AIDS and STD epidemiological data collection process in Costa Rica for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **El Salvador : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in El Salvador. The report explains the HIV/AIDS and STD epidemiological data collection process in El Salvador for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Guatemala : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Guatemala. The report explains the HIV/AIDS and STD epidemiological data collection process in Guatemala for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Guyana : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Guyana. The report explains the HIV/AIDS and STD epidemiological data collection process in Guyana for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Sexually Transmitted Diseases in America : How Many Cases and at What Cost**

Contact: Henry J Kaiser Family Foundation, 2400 Sand Hill Rd, Menlo Park, CA, 94025, (650) 854-9400, <http://www.kff.org>.

Summary: This report examines the epidemiology and financial impact on health care systems and individuals of sexually transmitted diseases (STDs) in the United States (US). The report categorizes STDs as either bacterial and viral infections/diseases and explains who is affected by STDs. It examines the efforts in the US to prevent the transmission of STDs and the need for parents, children, sex partners, teachers, students, patients, and health care providers to communicate and discuss STD prevention and transmission risks. The report discusses the epidemiology of STDs in the US and data collection methods. It analyzes the accuracy of this surveillance evidence and breaks down the data by infection/disease such as chlamydia, gonorrhea, syphilis, herpes, human papillomavirus (HPV), hepatitis B, trichomonosis, bacterial vaginosis, and the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS). The report includes information concerning the direct medical costs incurred in the US as a result of health care for STDs and supplies the readers with the estimated costs of STD care per year by state.

- **Sexually Transmitted Diseases : A Policymaker's Guide and Summary of State Laws**

Contact: National Conference of State Legislatures, 1560 Broadway Ste 700, Denver, CO, 80202-5140, (303) 830-2200, <http://www.ncsl.org>.

Summary: This report reviews state laws regarding sexually transmitted diseases (STDs) and related issues. The report defines and lists STDs, and identifies those persons who are at highest risk for contracting them. It explains why issues concerning STDs should be important to policymakers. It discusses the various types of funding available for STD services and prevention programs. The report provides a brief summary of state laws pertaining to a set of specific categories. These categories include issues such as administrative requirements, confidentiality, consent for release of records, counseling, court procedures and penalties, criminal exposure, legal definitions, education and prevention, funding, hepatitis B, investigation, minors' consent to testing and treatment, notification, quarantine and compulsory testing and treatment, case reporting, sexual assault and offenders, testing, and treatment.

- **Barbados : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/ AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Barbados. The report explains the HIV/AIDS and STD epidemiological data collection process in Barbados for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. Data on condom availability, reported non-regular partnerships, condom use among high-risk

groups, and adolescent pregnancy were not available for 1997 because of the problems associated with data collection in developing nations such as Barbados.

- **Bahamas : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in the Bahamas. The report explains the HIV/AIDS and STD epidemiological data collection process in the Bahamas for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group and about the estimated prevalence of curable STDs.

- **Argentina : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Argentina. The report explains the HIV/AIDS and STD epidemiological data collection process in Argentina for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. Based on this data, the report illustrates the epidemiological status of HIV/AIDS in Argentina. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. Data on condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy were not available for 1997 because of the problems associated with data collection in developing nations such as Argentina.

- **Brazil: Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Brazil. The report explains the HIV/AIDS and STD epidemiological data collection process in Brazil for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The

report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Bolivia : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/ AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Bolivia. The report explains the HIV/AIDS and STD epidemiological data collection process in Bolivia for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Belize : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/ AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Belize. The report explains the HIV/AIDS and STD epidemiological data collection process in Belize for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. Data on condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy were not available for 1997 because of the problems associated with data collection in developing nations such as Belize.

- **Dominican Republic : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/ AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and

sexually transmitted diseases (STDs) in the Dominican Republic. The report explains the HIV/AIDS and STD epidemiological data collection process in the Dominican Republic for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Colombia : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Colombia. The report explains the HIV/AIDS and STD epidemiological data collection process in Colombia for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Chile : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Chile. The report explains the HIV/AIDS and STD epidemiological data collection process in Chile for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. Data on condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy were not provided because of the difficulty in data collection in developing nations such as Chile.

- **Cuba : Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases**

Contact: World Health Organization, Joint United Nations Programme on HIV/ AIDS, 20 Avenue Appia, CH-1211 Geneva, <http://www.unaids.org>.

Summary: This report provides an epidemiological overview of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and sexually transmitted diseases (STDs) in Cuba. The report explains the HIV/AIDS and STD epidemiological data collection process in Cuba for 1997 and examines the reasons why most of the numbers given in this report are estimates rather than actual figures. It states the number of adults and children with HIV/AIDS, the estimated number of AIDS cases, deaths from AIDS, and number of children orphaned by the disease. The report shows the number of HIV-positive persons in specific populations such as pregnant women, sex workers, injecting drugs users, military personnel, incarcerated persons, and STD patients. It provides statistical data about the distribution of HIV by age group, and about the estimated prevalence of curable STDs. The report shows the available statistical information for condom availability, reported non-regular partnerships, condom use among high-risk groups, and adolescent pregnancy.

- **Survey of Men and Women on Sexually Transmitted Diseases: Questionnaire and Toplines**

Contact: Henry J Kaiser Family Foundation, 2400 Sand Hill Rd, Menlo Park, CA, 94025, (650) 854-9400, <http://www.kff.org>.

Summary: This report cites the results of a survey of men and women regarding sexually transmitted diseases (STDs). The report reproduces survey questions and the results for each. The questions asked individuals' knowledge of STDs, their perceived risks for STDs, their actual risks for STDs, and their own personal histories with STDs.

- **What You Need to Know About Sexually Transmitted Diseases, HIV Disease, and AIDS**

Contact: GlaxoSmithKline, 5 Moore Dr, Research Triangle Park, NC, 27709, (888) 825-5249, <http://corp.gsk.com/>.

Summary: This information packet contains booklets and fact sheets regarding sexually transmitted diseases (STDs) as well as hard copies of on-line fact sheets available on the world wide web. The materials explains the risk factors, health consequences, symptoms, diagnosis and treatment of a wide range of STDs. This is followed by an alphabetical listing of common STD, beginning with chlamydia and concluding with trichomoniasis. This listing provides brief explanations on how the disease is transmitted, who is at risk, what the symptoms look like, how to get tested, current treatment, and the consequences of leaving the disease untreated. This listing is followed by comprehensive fact sheets on chancroid, genital herpes (women), genital herpes (men), gonorrhea, pediculosis (lice/crabs), and an STD risk assessment instrument.

- **What's the Big Deal? Storyline on Substance Abuse, Sexually Transmitted Diseases and HIV Prevention**

Contact: Corner Health Center, Young Adults Health Center Incorporated, 47 N Huron, Ypsilanti, MI, 48197, (734) 484-3600, <http://comnet.org/local/orgs/corner/index.html>.

Summary: This script dramatizes dangers of unprotected sexual relationships, including sexually transmitted diseases like gonorrhea and AIDS. The cast of characters and an

outline of the plot is included. Using drugs and alcohol is portrayed as a risk factor for unprotected sex.

- **Annual Report on AIDS, Including Sexually Transmitted Diseases**

Contact: World Health Organization, Western Pacific Region, Working Group on HIV Testing in the Western Pacific, PO Box 2932, Manila, <http://www.wpro.who.int>.

Summary: This annual report on the status of AIDS and other sexually transmitted diseases (STD's) discusses the current state of the epidemic, the response to the epidemic, and the future direction of the World Health Organization's (WHO) Regional Committee for the Western Pacific. The report summarizes the epidemiology of HIV infection and AIDS and the epidemiology of STD's in the Western Pacific region; describes tuberculosis and HIV in the Western Pacific region; and comments on the regional response to AIDS. It concludes that the many determinants of HIV infection and their significance for the region require further assessment. It notes that to date the necessary bases for health education and disease prevention programs have been established, mechanisms for providing a safe blood supply have been introduced; and STD's have been recognized as a significant co-factor in the spread of HIV, creating an integration of both these health matters to best utilize resources.

- **Controlling Sexually Transmitted Diseases**

Contact: Johns Hopkins University, School of Hygiene and Public Health, Center for Communication Program, Population Information Program, 111 Market Place, Baltimore, MD, 21202, (410) 659-6300.

Summary: This report highlights items concerning sexually transmitted diseases (STD's). The theme of controlling STD's is examined in columns targeting the following topics: 1) the toll of STD's and reducing the toll of STD's; 2) managing STD's; 3) diagnostic and treatment tips; 4) getting services to the people and people to the services; and 5) promoting prevention.

- **Women and Sexually Transmitted Diseases: A Report to Congress on the USAID Program**

Contact: Family Health International, Implementing AIDS Prevention and Care, 2101 Wilson Blvd Ste 700, Arlington, VA, 22201, (703) 516-9779, <http://www.fhi.org>.

Summary: This report examines the prevalence of sexually transmitted diseases (STD's) among women in developing countries. It discusses the steps that the Agency for International Development (AID) is taking to address this problem and its future priorities in this area. The first section of the report describes the incidence of STD's, the most common types of STD's, the impact of STD's on women, and prevention and treatment. The second part outlines AID's involvement, efforts, and activities when addressing the problem. The majority of AID's efforts are concentrated in Africa and Latin America. AID is investing in the development of improved methods of contraception for men and women. Advocacy efforts are studied carefully within the Agency to help implement policy awareness. The third and final section of this report focuses on future priorities in maternal and neonatal health care, family planning, and HIV/AIDS prevention.

- **Congenital Syphilis - New Jersey**

Source: Morbidity and Mortality Weekly Report; Vol. 25, 1995; March 24, 1995.

Contact: US Government Printing Office, PO Box 371954, Pittsburgh, PA, 15250-7954, (202) 512-1800, <http://www.access.gpo.gov>.

Summary: To monitor disease burden and trends associated with congenital syphilis (CS), effective prevention programs require a surveillance system that identifies CS cases in an accurate and timely manner. Before 1988, comprehensive CS surveillance was difficult for health departments to conduct because documentation of infection in infants required complex and costly long-term follow-up for up to 1 year after delivery; follow-up often was incomplete, and many infected infants were not identified. To estimate the public health burden of CS more accurately and eliminate long-term follow-up of infants by health department personnel, in 1988 CDC implemented a new CS case definition (1). Rather than relying on documentation of infection in the infant, the new case definition presumes that an infant is infected if it cannot be proven that an infected mother was adequately treated for syphilis before or during pregnancy (2). During 1993-1994, the Sexually Transmitted Disease Prevention and Control Program of the New Jersey Department of Health (NJDOH) evaluated its CS surveillance system to assess the accuracy and completeness of reporting using the new case definition and to determine the personnel costs associated with identifying and classifying CS cases. This report summarizes the results of the evaluation.

- **Sexually Transmitted Disease Surveillance 2001**

Contact: US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for HIV STD and TB Prevention, 1600 Clifton Rd NE MS E06, Atlanta, GA, 30333, (404) 639-8063, <http://www.cdc.gov/nchstp/od/nchstp.html>.

Summary: This report provides policy makers, program managers, health planners, researchers, and others who are concerned with the public health implications of sexually transmitted diseases (STDs) with statistics and trends of STDs in the United States (US) through 2001. It consists of four sections: (1) a national profile section, which contains figures that provide an overview of trends and the distribution of STDs in the US by age, sex, race/ethnicity, location, and progress towards specific objectives for the nation for selected STDs, including chlamydia, gonorrhea, and syphilis and other s; (2) a special focus profiles section, which highlights trends and distribution of STDs in populations of particular interest for STD and HIV prevention programs in State and local health departments, including women and infants, adolescents and young adults, racial and ethnic minorities, men who have sex with men, persons entering corrections facilities, and persons living in the southern US; (3) a detailed tables section, which presents statistical information about STDs, including chlamydia, gonorrhea, syphilis, and chancroid by State, county, city, national levels, age, sex and race/ethnicity; and (4) an appendix, which includes the sources and limitations of the data used to produce the report and tables and figures that demonstrate the progress made toward Healthy People Year 2010 objectives..

- **Sexually Transmitted Disease Surveillance: 2000 Supplement: Chlamydia Prevalence Monitoring Project Annual Report 2000**

Contact: US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for HIV STD and TB Prevention, 1600 Clifton Rd NE MS E06, Atlanta, GA, 30333, (404) 639-8063, <http://www.cdc.gov/nchstp/od/nchstp.html>.

Summary: This report compares data on chlamydia prevalence in selected populations with data reported to CDC through the case reporting system for the year 2000. Data were taken from women in family planning and prenatal clinics, health departments of the 50 states and the District of Columbia, females entering the National Job Training Program, women entering juvenile and adult corrections facilities, and women attending the Indian Health Service. Chlamydia test positivity data are presented from those states reporting results on 500 or more women screened during 2000. Crude incidence rates were calculated on an annual basis per 100,000 population.

- **Testing Positive: Sexually Transmitted Disease and the Public Health Response**

Contact: Alan Guttmacher Institute, New York Office, 120 Wall St, New York, NY, 10005, (800) 765-7514, <http://www.agi-usa.org>.

Summary: This report examines the dimensions of the problem of STD's in the United States, and discusses the Federal program charged with combating their spread. The report recommends that Congress and the Centers for Disease Control and Prevention (CDC) reexamine and redirect national STD program strategies, priorities, and funding to make the programs more effective. It also urges policymakers and leaders to acknowledge sexual behaviors and encourage protective behaviors. A chart describing certain STD's is included. These STD's include chlamydia, trichomoniasis, gonorrhea, syphilis, chancroid, human papillomavirus, genital herpes, hepatitis B, and HIV.

The NLM Gateway¹⁶

The NLM (National Library of Medicine) Gateway is a Web-based system that lets users search simultaneously in multiple retrieval systems at the U.S. National Library of Medicine (NLM). It allows users of NLM services to initiate searches from one Web interface, providing one-stop searching for many of NLM's information resources or databases.¹⁷ To use the NLM Gateway, simply go to the search site at <http://gateway.nlm.nih.gov/gw/Cmd>. Type "sexually transmitted diseases" (or synonyms) into the search box and click "Search." The results will be presented in a tabular form, indicating the number of references in each database category.

Results Summary

Category	Items Found
Journal Articles	158861
Books / Periodicals / Audio Visual	4756
Consumer Health	1540
Meeting Abstracts	5660
Other Collections	59
Total	170876

¹⁶ Adapted from NLM: <http://gateway.nlm.nih.gov/gw/Cmd?Overview.x>.

¹⁷ The NLM Gateway is currently being developed by the Lister Hill National Center for Biomedical Communications (LHNCBC) at the National Library of Medicine (NLM) of the National Institutes of Health (NIH).

HSTAT¹⁸

HSTAT is a free, Web-based resource that provides access to full-text documents used in healthcare decision-making.¹⁹ These documents include clinical practice guidelines, quick-reference guides for clinicians, consumer health brochures, evidence reports and technology assessments from the Agency for Healthcare Research and Quality (AHRQ), as well as AHRQ's Put Prevention Into Practice.²⁰ Simply search by "sexually transmitted diseases" (or synonyms) at the following Web site: <http://text.nlm.nih.gov>.

Coffee Break: Tutorials for Biologists²¹

Coffee Break is a general healthcare site that takes a scientific view of the news and covers recent breakthroughs in biology that may one day assist physicians in developing treatments. Here you will find a collection of short reports on recent biological discoveries. Each report incorporates interactive tutorials that demonstrate how bioinformatics tools are used as a part of the research process. Currently, all Coffee Breaks are written by NCBI staff.²² Each report is about 400 words and is usually based on a discovery reported in one or more articles from recently published, peer-reviewed literature.²³ This site has new articles every few weeks, so it can be considered an online magazine of sorts. It is intended for

¹⁸ Adapted from HSTAT: <http://www.nlm.nih.gov/pubs/factsheets/hstat.html>.

¹⁹ The HSTAT URL is <http://hstat.nlm.nih.gov/>.

²⁰ Other important documents in HSTAT include: the National Institutes of Health (NIH) Consensus Conference Reports and Technology Assessment Reports; the HIV/AIDS Treatment Information Service (ATIS) resource documents; the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT) Treatment Improvement Protocols (TIP) and Center for Substance Abuse Prevention (SAMHSA/CSAP) Prevention Enhancement Protocols System (PEPS); the Public Health Service (PHS) Preventive Services Task Force's *Guide to Clinical Preventive Services*; the independent, nonfederal Task Force on Community Services' *Guide to Community Preventive Services*; and the Health Technology Advisory Committee (HTAC) of the Minnesota Health Care Commission (MHCC) health technology evaluations.

²¹ Adapted from <http://www.ncbi.nlm.nih.gov/Coffeebreak/Archive/FAQ.html>.

²² The figure that accompanies each article is frequently supplied by an expert external to NCBI, in which case the source of the figure is cited. The result is an interactive tutorial that tells a biological story.

²³ After a brief introduction that sets the work described into a broader context, the report focuses on how a molecular understanding can provide explanations of observed biology and lead to therapies for diseases. Each vignette is accompanied by a figure and hypertext links that lead to a series of pages that interactively show how NCBI tools and resources are used in the research process.

general background information. You can access the Coffee Break Web site at the following hyperlink: <http://www.ncbi.nlm.nih.gov/Coffeebreak/>.

Other Commercial Databases

In addition to resources maintained by official agencies, other databases exist that are commercial ventures addressing medical professionals. Here are some examples that may interest you:

- **CliniWeb International:** Index and table of contents to selected clinical information on the Internet; see <http://www.ohsu.edu/clinweb/>.
- **Medical World Search:** Searches full text from thousands of selected medical sites on the Internet; see <http://www.mwsearch.com/>.

APPENDIX B. PATIENT RESOURCES

Overview

Official agencies, as well as federally funded institutions supported by national grants, frequently publish a variety of guidelines written with the patient in mind. These are typically called “Fact Sheets” or “Guidelines.” They can take the form of a brochure, information kit, pamphlet, or flyer. Often they are only a few pages in length. Since new guidelines on sexually transmitted diseases can appear at any moment and be published by a number of sources, the best approach to finding guidelines is to systematically scan the Internet-based services that post them.

Patient Guideline Sources

The remainder of this chapter directs you to sources which either publish or can help you find additional guidelines on topics related to sexually transmitted diseases. Due to space limitations, these sources are listed in a concise manner. Do not hesitate to consult the following sources by either using the Internet hyperlink provided, or, in cases where the contact information is provided, contacting the publisher or author directly.

The National Institutes of Health

The NIH gateway to patients is located at <http://health.nih.gov/>. From this site, you can search across various sources and institutes, a number of which are summarized below.

Topic Pages: MEDLINEplus

The National Library of Medicine has created a vast and patient-oriented healthcare information portal called MEDLINEplus. Within this Internet-based system are “health topic pages” which list links to available materials relevant to sexually transmitted diseases. To access this system, log on to <http://www.nlm.nih.gov/medlineplus/healthtopics.html>. From there you can either search using the alphabetical index or browse by broad topic areas. Recently, MEDLINEplus listed the following when searched for “sexually transmitted diseases”:

- Guides on sexually transmitted diseases

Gonorrhea

<http://www.nlm.nih.gov/medlineplus/gonorrhea.html>

- Other Guides

AIDS

<http://www.nlm.nih.gov/medlineplus/aids.html>

Cervical Cancer

<http://www.nlm.nih.gov/medlineplus/cervicalcancer.html>

Chlamydia Infections

<http://www.nlm.nih.gov/medlineplus/chlamydiainfections.html>

HPV

<http://www.nlm.nih.gov/medlineplus/hpv.html>

Laboratory Tests

<http://www.nlm.nih.gov/medlineplus/laboratorytests.html>

Pelvic Inflammatory Disease

<http://www.nlm.nih.gov/medlineplus/pelvicinflammatorydisease.html>

Preventing Disease and Staying Healthy

<http://www.nlm.nih.gov/medlineplus/preventingdiseaseandstayinghealthy.html>

Sexually Transmitted Diseases

<http://www.nlm.nih.gov/medlineplus/sexuallytransmitteddiseases.html>

Sexually Transmitted Diseases

<http://www.nlm.nih.gov/medlineplus/tutorials/sexuallytransmitteddiseasesloader.html>

Syphilis

<http://www.nlm.nih.gov/medlineplus/syphilis.html>

Teen Sexual Health

<http://www.nlm.nih.gov/medlineplus/teensexualhealth.html>

Within the health topic page dedicated to sexually transmitted diseases, the following was listed:

- General/Overviews

Sexually Transmitted Diseases

<http://www.nlm.nih.gov/medlineplus/tutorials/sexuallytransmitteddiseasesloader.html>

STDs: Common Symptoms & Tips on Prevention

Source: American Academy of Family Physicians

<http://familydoctor.org/healthfacts/165/>

- Diagnosis/Symptoms

Common Symptoms of STIs/RTIs

Source: EngenderHealth

<http://www.engenderhealth.org/wh/inf/dsymp.html>

Genital Problems in Men: Self-Care Flowcharts

Source: American Academy of Family Physicians

<http://familydoctor.org/flowcharts/539.html>

Genital Problems in Women: Self-Care Flowcharts

Source: American Academy of Family Physicians

<http://familydoctor.org/flowcharts/537.html>

- Coping

When to Tell a Partner

Source: American Social Health Association

<http://www.ashastd.org/hrc/hrcwhentell.html>

Why Tell a Partner?

Source: American Social Health Association

<http://www.ashastd.org/hrc/hrcwhytell.html>

- Specific Conditions/Aspects

Genital Warts

Source: Mayo Foundation for Medical Education and Research

<http://www.mayoclinic.com/invoke.cfm?id=DS00087>

Hispanics and Sexually Transmitted Diseases

Source: American Social Health Association

<http://www.ashastd.org/news/hisp.html>

Information to Live By: Hepatitis

Source: American Social Health Association

<http://www.ashastd.org/stdfaqs/hepatitis.html>

Information to Live By: Chancroid

Source: American Social Health Association

<http://www.ashastd.org/stdfaqs/chancroid.html>

Information to Live By: Molluscum Contagiosum

Source: American Social Health Association

<http://www.ashastd.org/stdfaqs/molcon.html>

Information to Live By: Nongonococcal Urethritis (NGU)

Source: American Social Health Association

<http://www.ashastd.org/stdfaqs/ngu.html>

Information to Live By: Vaginitis

Source: American Social Health Association

<http://www.ashastd.org/stdfaqs/vaginitis.html>

Pubic Lice or "Crabs": Pthirus pubis (THEER-us pu-bis)

Source: National Center for Infectious Diseases, Division of Parasitic Diseases

http://www.cdc.gov/ncidod/dpd/parasites/lice/factsht_pubic_lice.htm

STDs and Pregnancy

Source: Centers for Disease Control and Prevention

http://www.cdc.gov/nchstp/dstd/Fact_Sheets/facts_std_and_pregnancy.htm

Trichomoniasis

Source: Centers for Disease Control and Prevention

http://www.cdc.gov/nchstp/dstd/Fact_Sheets/FactsTrichomoniasis.htm

- From the National Institutes of Health

Introduction to Sexually Transmitted Diseases

Source: National Institute of Allergy and Infectious Diseases

<http://www.niaid.nih.gov/factsheets/stdinfo.htm>

Other Important STDs

Source: National Institute of Allergy and Infectious Diseases

<http://www.niaid.nih.gov/factsheets/stdother.htm>

- Latest News

STD Screening Urged in HIV Clinics

Source: 09/11/2003, Reuters Health

http://www.nlm.nih.gov/www.nlm.nih.gov/medlineplus/news/fullstory_13954.html

- Organizations

American Social Health Association

<http://www.ashastd.org/>

iwannaknow.org

Source: American Social Health Association

<http://www.iwannaknow.org/>

National Center for HIV, STD, and TB Prevention, Division of Sexually Transmitted Diseases

Source: Centers for Disease Control and Prevention

<http://www.cdc.gov/nchstp/dstd/dstdp.html>

National Institute of Allergy and Infectious Diseases

<http://www.niaid.nih.gov/>

- Prevention/Screening

Condoms and Sexually Transmitted Diseases... Especially AIDS

Source: Food and Drug Administration

<http://www.fda.gov/oashi/aids/condom.html>

New CDC Treatment Guidelines Critical to Preventing Health Consequences of Sexually Transmitted Diseases

Source: Centers for Disease Control and Prevention

<http://www.cdc.gov/od/oc/media/pressrel/fs020509.htm>

Preventing STIs: Safer Sex

Source: EngenderHealth

<http://www.engenderhealth.org/wh/inf/dprev.html>

Right Way to Use a Condom

Source: American Social Health Association

http://www.ashastd.org/stdfaqs/condom_a.html

Screening and Prevention of Sexually Transmitted Diseases

Source: American Medical Association

http://www.medem.com/medlb/article_detailb.cfm?article_ID=ZZZO6I53AKC&sub_cat=292

- Research

Parental Supervision Linked to STI Rates in African-American Females

Source: American Medical Association

http://www.medem.com/medlb/article_detailb.cfm?article_ID=ZZZKT6VA2CD&sub_cat=2

STD Increases Among Gay and Bisexual Men

Source: National Center for HIV, STD, and TB Prevention, Division of STD Prevention

http://www.cdc.gov/nchstp/dstd/Press_Releases/STDGay2000.htm

- Statistics

FASTATS: Sexually Transmitted Disease

Source: National Center for Health Statistics

<http://www.cdc.gov/nchs/fastats/stds.htm>

Tracking the Hidden Epidemics: Trends in STDs in the United States 2000

http://www.cdc.gov/nchstp/dstd/Stats_Trends/Trends2000.pdf

- Teenagers

Getting a Sexually Transmitted Disease (STD) - FAQs

Source: American Social Health Association

<http://www.iwannaknow.org/faqs/getting.html>

Sexually Transmitted Diseases - The Basics: Symptoms

Source: American Social Health Association

<http://www.iwannaknow.org/basics2/symptoms.html>

Sexually Transmitted Diseases - The Basics: Testing

Source: American Social Health Association

<http://www.iwannaknow.org/basics2/testing.html>

Sexually Transmitted Diseases - The Basics: Treatment

Source: American Social Health Association

<http://www.iwannaknow.org/basics2/treat.html>

Sexually Transmitted Diseases (STDs)

Source: Nemours Foundation

http://kidshealth.org/teen/sexual_health/stds/std.html

Talking to Your Child about STDs

Source: Nemours Foundation

http://kidshealth.org/parent/positive/talk/talk_child_std.html

You may also choose to use the search utility provided by MEDLINEplus at the following Web address: <http://www.nlm.nih.gov/medlineplus/>. Simply type a keyword into the search box and click "Search." This utility is similar to the NIH search utility, with the exception that it only includes materials that are linked within the MEDLINEplus system (mostly patient-oriented information). It also has the disadvantage of generating unstructured results. We recommend, therefore, that you use this method only if you have a very targeted search.

The Combined Health Information Database (CHID)

CHID Online is a reference tool that maintains a database directory of thousands of journal articles and patient education guidelines on sexually transmitted diseases. CHID offers summaries that describe the guidelines available, including contact information and pricing. CHID's general Web site is <http://chid.nih.gov/>. To search this database, go to <http://chid.nih.gov/detail/detail.html>. In particular, you can use the advanced search options to look up pamphlets, reports, brochures, and information kits. The following was recently posted in this archive:

- **Is Sex Safe?: A Look At: Sexually Transmitted Diseases (STDs)**

Contact: Life Cycle Books, PO Box 420, Lewiston, NY, 14092-0420.

Summary: This pamphlet warns readers of the dangers of being sexually active before marriage. It provides basic facts about sexually transmitted diseases (STDs) and presents information about the symptoms, consequences, and prevalence of common STDs, including chlamydia, gonorrhea, syphilis, human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), genital herpes, human papillomavirus (HPV), hepatitis B, and pelvic inflammatory disease (PID). The pamphlet recommends that individuals save sex for marriage as a means of STD prevention and reviews some of the risks for women with STDs and their infants.

- **Sexually Transmitted Diseases: Summary of 2002 CDC Treatment Guidelines [Pocket Guide]**

Contact: US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for HIV STD and TB Prevention, 1600 Clifton Rd NE MS E06, Atlanta, GA, 30333, (404) 639-8063, <http://www.cdc.gov/nchstp/od/nchstp.html>. CDC National Prevention Information Network, PO Box 6003, Rockville, MD, 20849-6003, (800) 458-5231, <http://www.cdcnpin.org>.

Summary: This pocket guide for health care professionals provides a brief source of clinical guidance in treating common STDs, including chlamydia, genital herpes, syphilis, trichomoniasis, and candidiasis and gives information on recommended and alternative drug doses and routes of administration.

- **Sexually Transmitted Diseases : 50 Things You Need to Know About STDs : Protect Yourself**

Contact: Journeyworks Publishing, PO Box 8466, Santa Cruz, CA, 95061-8466, (831) 423-1400, <http://www.promotehealth.com>.

Summary: This brochure provides information about sexually transmitted diseases (STDs), their symptoms, and how to prevent them. The brochure discusses transmission;

chlamydia, hepatitis B, herpes, syphilis, gonorrhea, human papillomavirus, and the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS); symptoms; available treatment; and prevention measures (i.e., safer sex with condoms and partner communication). The brochure provides telephone numbers for the National STD Hotline.

- **Enfermedades Sexuales: 50 Cosas que Usted Debe Saber Sobre la ETS: Protejase. [Sexually Transmitted Diseases : 50 Things You Need to Know About STDs : Protect Yourself]**

Contact: Journeyworks Publishing, PO Box 8466, Santa Cruz, CA, 95061-8466, (831) 423-1400, <http://www.promotehealth.com>.

Summary: This brochure provides information about sexually transmitted diseases (STDs), their symptoms, and how to prevent them. The brochure discusses transmission; chlamydia, hepatitis B, herpes, syphilis, gonorrhea, human papillomavirus, and the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS); symptoms; available treatment; and prevention measures (i.e., safer sex with condoms and partner communication). The brochure provides telephone numbers for the National STD Hotline.

- **Your Health and You...: What South Asian Women Need to Know About Sexually Transmitted Diseases**

Contact: Manavi Incorporated, PO Box 3103, New Brunswick, NJ, 08901-3103, <http://www.manavi.org>.

Summary: This pamphlet provides information about sexually transmitted diseases (STDs) for South Asian women. The pamphlet discusses STDs, the risk factors, and prevention. The pamphlet identifies the symptoms, possible long-term effects, and methods of treatment for herpes, syphilis, genital warts, and the human immunodeficiency virus (HIV).

- **Sexually Transmitted Diseases: What Everyone Should Know**

Contact: American College Health Association, Task Force on HIV Disease and AIDS, PO Box 28937, Baltimore, MD, 21240-8937, (410) 859-1500, <http://www.acha.org>.

Summary: This pamphlet provides information about 11 sexually transmitted diseases (STDs): chlamydia, the human papillomavirus (HPV)/genital warts, herpes simplex, molluscum contagiosum, pelvic inflammatory disease (PID), the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), gonorrhea, chancroid, nongonococcal urethritis (NGU), and hepatitis B. It provides information on their causative agent, transmission, symptoms, treatment, and prevention.

- **STDs (Sexually Transmitted Diseases)**

Contact: Channing L. Bete Company Incorporated, 200 State Rd, South Deerfield, MA, 01373-0200, (800) 477-4776, <http://www.channing-bete.com>.

Summary: This brochure, written for the general public, provides information about sexually transmitted diseases (STDs). STDs can be spread during vaginal, oral, or anal sex; can cause serious health problems if left untreated; and may often have no symptoms. The brochure discusses the epidemiology of STDs in the United States (US). The brochure provides information on symptoms and possible long-term effects of

chlamydia, gonorrhea, trichomoniasis, vaginitis, syphilis, urinary tract infections (UTIs), genital herpes, genital warts, the hepatitis B virus (HBV), and the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS). If infected with an STD, individuals should tell their sexual partners so that they can be treated, follow their health care providers' instructions, and abstain from all sexual activity. Ways to prevent or help to prevent STDs include abstaining from sex, engaging in safer sex with condoms, practicing monogamy with an uninfected partner, and avoiding substance abuse, which can lead to the practice of high-risk behaviors. The brochure includes instructions on how to use condoms properly and contacts for additional information.

- **Sexually Transmitted Diseases (STDs) : What You Need to Know**

Contact: American Social Health Association, PO Box 13827, Research Triangle Park, NC, 27709, (919) 361-8400.

Summary: This brochure provides general information about sexually transmitted diseases (STDs). STDs are diseases that are transmitted through oral, vaginal, or anal sex and that can lead to long-term effects such as sterility, reoccurring sores, cancer, and death if left untreated. Some STDs can also be spread through any contact between the penis, vagina, mouth, or anus and through the sharing of needles. The brochure provides information on STD prevention, safer sex techniques, special problems STDs cause for women, symptoms, treatment, and the relationship between STDs and the transmission of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS). Specific information is given about the transmission and prevention of HIV/AIDS, an STD that can lead to death. Sources of additional information are provided.

- **The Connection Between Substance Abuse and Sexually Transmitted Diseases, Hepatitis B, Tuberculosis, HIV/AIDS**

Contact: Massachusetts Department of Public Health, Bureau of Communicable Disease Control, Division of Tuberculosis Prevention and Control, State Laboratory Institute, 305 South St, Jamaica Plain, MA, 02130-3515, (617) 983-6970, <http://www.state.ma.us/dph/cdc/tb/INDEX.HTM>.

Summary: This pamphlet discusses the relationship between drug and alcohol abuse and sexually transmitted diseases (STDs), hepatitis B, tuberculosis (TB), and the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS). It discusses the transmission, symptoms, and prevention of these infectious diseases and how substance abuse affects individuals with HIV/AIDS.

- **What You Need to Know About Sexually Transmitted Diseases**

Contact: Sunburst Technology, 101 Castleton St, Pleasantville, NY, 10507-9971, (800) 431-1934, <http://www.sunburst.com>.

Summary: This pamphlet discusses general facts about sexually transmitted diseases (STDs). The pamphlet discusses the epidemiology of STDs among teens, the factors that make adolescents susceptible to STDs, treatment and prevention of STDs including practicing safer sex or sexual abstinence, and the symptoms of STDs.

- **Common Sexually Transmitted Diseases**

Contact: Coral Life Foundation, PO Box 5183, Hagatna, GU, 96932, (671) 479-2437, <http://www.guam.net/list.htm?catno=4>.

Summary: This brochure for the general public contains a table providing information about seven sexually transmitted diseases (STDs): the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), gonorrhea, syphilis, herpes, vaginitis, chlamydia, and venereal warts. For each STD the brochure provides information on first symptoms appearance, symptoms, transmission, diagnosis, and the possible complications if left untreated. Individuals who exhibit symptoms should see a physician immediately. The brochure lists safer sex practices, possibly safe sex practices, and unsafe sex practices, and discusses condoms and lubricants.

- **Sexually Transmitted Diseases**

Summary: This information sheet presents statistics on rates of sexually transmitted diseases (STDs) in the US and promotes abstinence as the only way to prevent STDs except for a mutually faithful marriage relationship. It claims that condoms are not effective against STDs because the increase in condom usage does not correlate to a decrease in STDs.

- **Male Latex Condoms and Sexually Transmitted Diseases**

Contact: CDC National Prevention Information Network, PO Box 6003, Rockville, MD, 20849-6003, (800) 458-5231, <http://www.cdcnpin.org>.

Summary: This information sheet discusses the efficacy of male latex condoms for preventing sexually transmitted diseases (STDs). The information sheet is based on the National Institutes of Health (NIH) 2001 workshop report and additional studies. It states that the surest way to avoid STDs is abstinence or a long-term mutually monogamous relationship with a partner who has been tested and is not infected. The information sheet discusses the transmission of different STDs; the results of laboratory and epidemiological studies as well as the theoretical basis for protection; and explains that when used consistently and correctly, condoms are highly effective in preventing transmission of the human immunodeficiency virus (HIV) and reducing the risk of other STDs, particularly discharge diseases. However, condom use can only prevent diseases that are caused by skin-to-skin contact, if the infected area is protected by the condom. A number of studies show an association between condom use and a reduced-risk of human papillomavirus (HPV) diseases, but more research is needed to assess the degree of protection latex condoms provide.

- **STDs: ABCs of STDs: An Overview of Sexually Transmitted Diseases**

Contact: Kansas Department of Health and Environment, Bureau of Epidemiology and Disease Prevention, HIV-STD Section, 1000 SW Jackson Ste 210, Topeka, KS, 66612-1274, (785) 296-6173, http://www.kdhe.state.ks.us/olrh/download/health_directory.pdf.

Summary: This information sheet provides general facts about sexually transmitted diseases (STDs). It discusses the symptoms, transmission, treatment, prevention, and epidemiology of STDs in the United States. Specific STDs discussed include the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), chlamydia, genital herpes, the human papillomavirus, gonorrhea, and syphilis.

- **Sexually Transmitted Diseases in the US**

Contact: Kaiser Family Foundation, 2400 Sand Hill Rd, Menlo Park, CA, 94025, (415) 854-9400.

Summary: This fact sheet provides general and statistical information concerning the incidence and knowledge of sexually transmitted diseases (STDs) in the United States (US). It supplies the readers with information and statistical data concerning the incidence and prevalence of STDs, including the human immunodeficiency virus (HIV) in the US. The fact sheet further breaks these statistics down into curable and incurable STDs. It discusses the impact and consequences of STDs on women, adolescents, and young adults. The fact sheet also presents information regarding the direct medical costs of STDs in the US, as well as information concerning public knowledge of and personal concern about STDs.

- **Commonly Asked Questions About Sexually Transmitted Diseases (STDs)**

Contact: US Department of Health and Human Services, Public Health Service, Office of the Assistant Secretary for Health, Office of Population Affairs Clearinghouse, PO Box 30686, Bethesda, MD, 20824-0686, (301) 654-6190.

Summary: This fact sheet, written for adolescents and young adults, answers commonly asked questions about sexually transmitted diseases (STDs) and provides general information about STDs. Topics include symptoms, transmission, prevention, and consequences of having an STD. Sources of additional information are provided.

- **Most Definitive Study to Date on Effectiveness of HIV Counseling and Testing Finds Significant Reduction in Sexually Transmitted Diseases : Counters Previous Beliefs on Approach to**

Contact: US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for HIV STD and TB Prevention, 1600 Clifton Rd NE MS E06, Atlanta, GA, 30333, (404) 639-8063, <http://www.cdc.gov/nchstp/od/nchstp.html>.

Summary: This fact sheet discusses the results of a study on the effects of counseling and testing for the prevention of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) on the prevention of sexually transmitted diseases (STDs). The fact sheet describes the research methodology and purpose of the study. It reports that HIV/AIDS counseling can make a significant impact on the patient's willingness to prevent HIV. This type of counseling was tested at STD clinics with similar results; the clients were more willing to practice safer behaviors after counseling. The fact sheet recommends that this type of counseling be implemented in all HIV/AIDS and STD clinics.

- **Uncommon Sexually Transmitted Diseases : Chancroid, Granuloma Inguale (GI), Lymphogranuloma Venereum (LGV)**

Contact: Washington Department of Social and Health Services, Office of Disease Prevention and Control, Office on AIDS, Airdustrial Pk, Olympia, WA, 98504-0095, (360) 586-3887.

Summary: This fact sheet presents information about the sexually transmitted diseases (STDs) chancroid, granuloma inguiale (GI), and lymphogranuloma venereum (LGV). These STDs are not common in the United States, and all are curable with antibiotics. The symptoms, diagnosis, treatment, and prevention of these STDs are discussed. The

fact sheet urges individuals exhibiting symptoms to go to a doctor immediately, since it is easier to get other STDS including HIV if infections go untreated.

- **Common Sexually Transmitted Diseases (STD's)**

Contact: Northwest Portland Area Indian Health Board, Project Red Talon, 527 SW Hall Ste 300, Portland, OR, 97201, (503) 228-4185, <http://www.npaihb.org>.

Summary: This factsheet features a traditional Native American proverb on one side and a table of common sexually transmitted diseases on the reverse side. A definition and information on incubation period, symptoms, treatment, and pregnancy are provided for chlamydia, genital herpes and warts, gonorrhea, non-gonococcal urethritis, pelvic inflammatory disease, pubic lice/scabies, syphilis, and vaginitis.

- **Sexually Transmitted Diseases and Women**

Contact: National Conference of State Legislatures, 1560 Broadway Ste 700, Denver, CO, 80202-5140, (303) 830-2200, <http://www.ncsl.org>.

Summary: This fact sheet discusses the incidence and prevalence of sexually transmitted diseases (STDs) among women. The factors that correlate with the rise in STD rates include increased sexual activity and high divorce rates. The two categories of STDs, viral and bacterial, are defined and the importance of early diagnosis and treatment is emphasized. The announcement summarizes STD prevention projects being conducted at the state and federal level.

- **Facts on: Sexually Transmitted Diseases (STDs)**

Contact: National Council of Negro Women, National Office, 633 Pennsylvania Ave NW, Washington, DC, 20004, (202) 737-0120, <http://www.ncnw.com>.

Summary: This fact sheet on sexually transmitted diseases (STDs) highlights the truth that complications from untreated STD infections are more severe in women than men. It lists risk-reduction methods available to African American women. It offers information on education and treatment as well.

- **Women and Sexually Transmitted Diseases: The Dangers of Denial**

Contact: Ogilvy, Adams, and Rinehart, 1901 L St NW Ste 400, Washington, DC, 20036, (202) 452-9447.

Summary: This publication reports on a national study to assess the level of awareness about, attitudes toward, and behaviors related to sexually transmitted diseases (STD) among American women. It was designed to better understand women's opinions and experiences with three aspects of prevention: 1) understanding and awareness of STD's, 2) perceptions of risk for contracting STD's and barriers that impede communication, and 3) empowerment of women to take responsibility for their own health. The data indicate that most women do not believe that STD's can affect them and that awareness levels about specific STD's is low. Fifty-three percent of the women interviewed view STD's as "dirty" diseases, linked to promiscuity and illicit sexual activity. About half of the respondents say that they protect themselves by monogamy. The study results indicate that there is a need for increased prevention efforts aimed at increasing women's knowledge and concern about STD's to change beliefs and increase risk-reducing behaviors.

- **Common Questions and Answers About HIV/AIDS and Other Sexually Transmitted Diseases**

Contact: Oklahoma State Department of Health, Disease & Prevention Services, HIV/STD Service, 1000 NE 10th St, Oklahoma City, OK, 73117-1299, (405) 271-4636, <http://www.health.state.ok.us/program/hivstd/index.html>.

Summary: In question-and-answer format, this booklet provides information on the nature of AIDS, high-risk groups, methods of transmission, the incidence of AIDS, and AIDS diagnosis and treatment. It also presents information on the incidence of AIDS in children and how AIDS is transmitted to this population. Finally, the booklet discusses prevention, efforts at education, blood screening, HIV testing and the success of these efforts, as well as the the care of persons who develop AIDS.

- **Adolescents and Sexually Transmitted Diseases**

Contact: Advocates for Youth, 1025 Vermont Ave NW Ste 200, Washington, DC, 20005, (202) 347-5700, <http://www.advocatesforyouth.org>.

Summary: This factsheet summarizes data on the incidence and prevalence of HIV infection and other sexually transmitted diseases (STD) among adolescents. Teenagers, because of their risk-taking behavior, are at a relatively high risk of HIV infection. Every year, 2.5 million U.S. teens are infected with an STD. Over one-fifth of PWAs are in their 20s; these young adults were probably infected as adolescents. The risk factors for adolescents are outlined, and include early initiation of sexual intercourse, nonuse of condoms, drug and alcohol abuse, and reluctance to seek regular reproductive health care or treatment for an STD. Medical risk factors and implications, and access to education and services for this population, are also explored.

- **Teenage Pregnancy and Sexually Transmitted Diseases in Latin America**

Contact: Advocates for Youth, 1025 Vermont Ave NW Ste 200, Washington, DC, 20005, (202) 347-5700, <http://www.advocatesforyouth.org>.

Summary: This fact sheet presents information on the incidence and prevalence of sexually transmitted diseases and teenage pregnancies in Latin America. The various factors that are affecting this epidemiological trend are addressed, and they include falling age of menstruation, high rates of sexual activity, misinformation, and low condom use. Teens in Latin America tend to rely on natural contraceptive methods that have high failure rates, and there is limited access to birth control and sex education. Overall, 8 percent of teenage women ages 15-19 give birth each year in Latin America; 15 percent by age 18, and 50 percent by age 20. Except for Brazil and Mexico, the majority of these babies are born to unwed mothers. Latin American teenage girls are also at risk for the health consequences of illegal and clandestine abortions. Finally, the lack of sex education and condom use put this population at risk for HIV and other sexually transmitted disease. HIV is already widespread in the Latin American homosexual population, and millions of street children are especially at risk because of sexual exploitation.

- **What's It Going to Cost You? Gonorrhea**

Contact: Health Edco, Division of WRS Group, Inc., PO Box 21207, Waco, TX, 76702-1207, (254) 776-6461.

Summary: This brochure, written for adolescents, discusses the sexually transmitted disease (STD), gonorrhea. The following topics are discussed: (1) diagnosis; (2)

symptoms; (3) transmission through unprotected oral, vaginal, or anal sex with an infected person; (4) prevention measures such as practicing sexual abstinence, monogamy, or safer sex with condoms; (5) treatment with antibiotics; and (6) the financial costs of treating gonorrhea. In women, untreated gonorrhea can develop into pelvic inflammatory disease (PID) causing scarring in the fallopian tubes or tubal pregnancies, and in men, it can lead to sterility and prostate infections.

- **Gonorrhea : Common Disease, Simple Cure**

Contact: American Social Health Association, PO Box 13827, Research Triangle Park, NC, 27709, (919) 361-8400.

Summary: This brochure provides general information about the sexually transmitted disease (STD), gonorrhea. The brochure identifies the symptoms of gonorrhea in men and women, such as discharge from the penis/vagina and burning or pain during urination, and discusses the long-term effects of untreated gonorrhea, such as sterility. It discusses treatment, partner notification, and special considerations for pregnant women. The brochure briefly expands on the following prevention tips: practice low-risk behaviors, limit sex partners, use a condom, be prepared by having condoms and not doing drugs, and see a doctor to be diagnosed immediately. For additional information, the brochure suggests that readers contact the CDC National STD Hotline, their health care provider, or a local health clinic.

- **Gonorrhea : What You Need to Know**

Contact: Education Programs Associates, Health Education Resource Center, 1 W Campbell Ave Ste 45, Campbell, CA, 95008, (408) 374-3720, <http://www.cfhc.org>.

Summary: This brochure, for the general public, discusses the sexually transmitted disease (STD), gonorrhea. The symptoms of gonorrhea include pain during urination, yellow discharge from the penis or vagina, pain or tenderness in the abdomen, and sore throat. Gonorrhea is treated with antibiotic shots or pills. Individuals with gonorrhea need to protect themselves by ensuring that partners are treated, taking all of the prescribed medication even if symptoms disappear, avoiding sex during treatment, reporting any drug side effects or new symptoms immediately to a health care provider, and undergoing follow-up treatment after the antibiotic regimen has been completed. If left untreated, gonorrhea can cause pain and swelling in the sex organs, inability to have children, heart problems, and swelling around the spinal cord. Pregnant women with gonorrhea can infect their infants. To help to prevent STDs, individuals should practice safer sex with condoms and foam during each sexual encounter. The brochure provides contact information for services from which individuals can learn more about gonorrhea.

- **Gonorrhea**

Contact: Medical Institute for Sexual Health, PO Box 162306, Austin, TX, 78716-2306, (512) 328-6268, <http://www.medinstitute.org>.

Summary: This brochure, for adolescents and young adults, discusses the sexually transmitted disease (STD), gonorrhea. Gonorrhea is a bacterium that causes genital and other infections in humans. The brochure discusses the epidemiology of gonorrhea in the United States (US). Gonorrhea is transmitted primarily through unprotected sexual activity. Typical symptoms include discharge from the vagina or urethra, painful urination, abnormal vaginal bleeding, and swelling and pain around the testicles. If left untreated, gonorrhea can develop into pelvic inflammatory disease (PID). Gonorrhea

can also cause oral and rectal infections resulting in pain, irritation, and discharge. This STD can be diagnosed with a visual examination or laboratory testing. Uncomplicated gonorrhea is treated with oral or injectable antibiotics followed by a re-examination and re-testing. Some of the possible long-term effects of gonorrhea include PID and endocarditis, that can destroy the heart valves and meningitis. Untreated pregnant women are at increased risk for spontaneous abortion, premature rupture of membranes, and pre-term birth. Individuals can prevent genital herpes by practicing sexual abstinence until marriage, since condoms only provide partial protection.

- **Gonorrhea ('The Clap')**

Contact: Kansas Department of Health and Environment, Bureau of Epidemiology and Disease Prevention, HIV-STD Section, 1000 SW Jackson Ste 210, Topeka, KS, 66612-1274, (785) 296-6173, http://www.kdhe.state.ks.us/olrh/download/health_directory.pdf.

Summary: This information sheet discusses the sexually transmitted disease (STD) gonorrhea, also known as "the clap," its symptoms, transmission, diagnostic test, treatment, prevention, and complications of the disease. If left untreated, gonorrhea can cause sterility in men and pelvic inflammatory disease (PID), which can lead to infertility and ectopic pregnancy in women.

- **Gonorrhea ('Clap')**

Contact: Minnesota Department of Health, AIDS/STD Prevention Services Section, (651) 676-5698, <http://health.state.mn.us/divs/dpc/aids-std/aids-std.htm>.

Summary: This fact sheet, for the general public, discusses the sexually transmitted disease (STD), gonorrhea. It lists the symptoms for men and women; transmission methods (e.g., perinatal transmission); the long-term consequences of untreated gonorrhea; its affect on pregnant women and their infants; prevention measures; and treatment. Contact information is provided for state and national STD services.

- **What Is Gonorrhea?**

Contact: California Department of Health Services, Office of AIDS, California AIDS Clearinghouse, 1443 N Martel Ave, Los Angeles, CA, 90046-4207, (323) 845-4180, <http://www.hivinfo.org/cac/cachouse.shtml>.

Summary: This fact sheet provides general information about gonorrhea, a sexually transmitted disease (STD). Gonorrhea is spread through unprotected oral, anal, or vaginal intercourse. Women with gonorrhea may experience symptoms such pain and itching of the vulva or in the vagina, vaginal discharge, unusual vaginal or anal bleeding, painful urination, or pain during sexual intercourse. Men with gonorrhea may experience pain and swelling in the groin, penile or anal discharge, pain or itching at the head of the penis, and/or pain when urinating. Often individuals have no symptoms. If left untreated, gonorrhea can cause sterility in men and women, as well as pelvic inflammatory disease (PID) in women. Individuals with gonorrhea should see a health care provider immediately, inform their health care provider if they believe that they are pregnant, inform their sex partners, and discuss STDs with their partners. Individuals can help to prevent gonorrhea by practicing safer sex with condoms and getting tested if any symptoms appear. The fact sheet provides contact information for services from which individuals can learn more about STDs and the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS).

- **Syphilis : A Serious Disease : A Simple Cure**

Contact: CDC National Prevention Information Network, PO Box 6003, Rockville, MD, 20849-6003, (800) 458-5231, <http://www.cdcnpin.org>.

Summary: This pamphlet provides information about syphilis, a sexually transmitted disease (STD). The pamphlet describes the initial symptoms of syphilis as well as the later symptoms such as mental illness, blindness, or heart disease. Syphilis increases an individual's risks for contracting the human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) and can lead to death. Syphilis can be spread from a mother to her child during pregnancy. Pregnant women are advised to get tested and, if they are infected, they should begin treatment right away. While syphilis is easy to treat, it is also possible to contract it more than once. To prevent or reduce the risks of contracting syphilis, individuals should practice sexual abstinence, monogamy, and/or safer sex with condoms, and get regular check-ups. The pamphlet provides phone numbers that individuals can use to learn more about syphilis.

- **What You Should Know About Syphilis**

Contact: Texas Department of Health Warehouse, Attn: Literature and Forms, 1100 W 49th St, Austin, TX, 78756, (512) 458-7761.

Summary: This pamphlet discusses syphilis, its symptoms, testing, its effect on pregnancy, the increased risk of infection with the human immunodeficiency virus (HIV) and other sexually transmitted diseases (STDs), and treatment.

- **Syphilis : What You Need to Know**

Contact: Education Programs Associates, Health Education Resource Center, 1 W Campbell Ave Ste 45, Campbell, CA, 95008, (408) 374-3720, <http://www.cfhc.org>.

Summary: This brochure, for the general public, discusses the sexually transmitted disease (STD), syphilis. The first symptom of syphilis is a sore that does not hurt. Other symptoms include rash, fever, sore throat, joint pain, and loss of hair. Syphilis is treated with antibiotic shots or pills. Individuals with syphilis need to protect themselves by ensuring that partners are treated, taking all of the prescribed medication even if symptoms disappear, avoiding sex during treatment, reporting any drug side effects or new symptoms immediately to a health care provider, and undergoing follow-up treatment after the antibiotic regimen has been completed. If left untreated, syphilis can cause blindness, heart disease, brain damage, insanity, or death. Pregnant women with syphilis can infect their infants, which can lead to stillbirth or birth defects. When persons with syphilis have chancre sores, they are at a greater risk of catching the human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS). To help to prevent STDs, individuals should practice safer sex with condoms and foam during each sexual encounter. The brochure provides contact information for services from which individuals can learn more about syphilis.

- **Syphilis**

Contact: Kansas Department of Health and Environment, Bureau of Epidemiology and Disease Prevention, HIV-STD Section, 1000 SW Jackson Ste 210, Topeka, KS, 66612-1274, (785) 296-6173, http://www.kdhe.state.ks.us/olrh/download/health_directory.pdf.

Summary: This information sheet provides facts about the sexually transmitted disease (STD), syphilis. It discusses its transmission; symptoms of primary, second stage, latent, and tertiary syphilis; medical treatments available; and risks associated with syphilis.

transmission during pregnancy. Recommendations for individuals undergoing treatment are provided.

- **Syphilis ('Syph', 'The Pox')**

Contact: Minnesota Department of Health, AIDS/STD Prevention Services Section, (651) 676-5698, <http://health.state.mn.us/divs/dpc/aids-std/aids-std.htm>.

Summary: This fact sheet, for the general public, discusses the sexually transmitted disease (STD), syphilis. It lists the symptoms; transmission methods; the long-term consequences of untreated syphilis; its affect on pregnant women and their infants; prevention measures; and ways to treat syphilis. Contact information is provided for state and national STD services.

- **Eliminating Syphilis : Franklin County (Columbus), Ohio**

Contact: US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for HIV STD and TB Prevention, 1600 Clifton Rd NE MS E06, Atlanta, GA, 30333, (404) 639-8063, <http://www.cdc.gov/nchstp/od/nchstp.html>.

Summary: This fact sheet provides information concerning the elimination of syphilis in Franklin County (Columbus), OH. Syphilis elimination in the United States is within reach now because (1) syphilis is preventable and curable; (2) infectious syphilis is at the lowest rate ever reported at 2.6 cases per 100,000 citizens or 6,993 cases; (3) syphilis is geographically concentrated with half of all new cases in 1998 reported from 28 counties, which represents less than 1% of all US counties; and (4) other industrialized countries have already eliminated syphilis. In 1998, Franklin County ranked 21st in the nation in new cases of infectious syphilis (56 cases) and had a rate 2 times higher than the national rate. In Franklin County, 82% of cases are among African Americans (versus 79% of national cases), and the infectious syphilis rate for African Americans is 24 times greater than the rate for White Americans. Elimination of syphilis is important because syphilis increases HIV transmission at least 2-to-5 fold and can be transmitted from mother to fetus during pregnancy causing stillbirths or congenital syphilis. Franklin County is responding through (1) the Community Forum on Syphilis Elimination, a discussion group of community stakeholders in syphilis elimination who discuss intervention strategies and resources, and (2) the Sexual Health Liaison Program in association with the local health department staff and the medical community, which works to strengthen the medical management of syphilis cases and to promote awareness of all sexually transmitted diseases (STDs).

- **What Is Syphilis?**

Contact: California Department of Health Services, Office of AIDS, California AIDS Clearinghouse, 1443 N Martel Ave, Los Angeles, CA, 90046-4207, (323) 845-4180, <http://www.hivinfo.org/cac/cachouse.shtml>.

Summary: This fact sheet provides general information about syphilis, a sexually transmitted disease (STD). In the incubation stage of syphilis infection, there are no symptoms, and it may take as long as ninety days from exposure for a blood test to detect it. In the primary stage, a painless sore forms on the penis, vagina, anus, or mouth and goes away without treatment; glands in the groin area may swell; blood tests will detect syphilitic bacteria; and infected individuals are highly contagious. In the secondary stage of syphilis, individuals may get more sores and rashes, particularly around the hands and feet and can spread this STD easily. In the latent stage of syphilis,

persons do not show any signs of the STD, will test positive for it, and may experience serious health problems as a result of not having been treated. If left untreated, syphilis can cause brain damage, heart disease, and other long-term health problems. Practicing safer sex with condoms and seeing a doctor regularly can help to prevent syphilis. Individuals with syphilis can be treated with an antibiotic injection. Patients will need a repeat blood test one week after treatment and then every month until cured. They should tell their health care providers if they are pregnant, should inform their sex partners so they can get tested, and should avoid having sex until cured. The fact sheet provides contact information for services from which individuals can learn more about STDs and the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS).

- **Syphilis Card**

Contact: North Carolina Department of Environment, Health, and, Natural Resources, HIV/STD Control Branch, PO Box 27687, Raleigh, NC, 27611-7687, (919) 733-7301.

Summary: This wallet card describes syphilis, its symptoms, its treatment, and its relationship to HIV/AIDS. It also discusses testing for syphilis, HIV, and pregnancy. It gives toll-free hotline telephone numbers.

- **What's It Going to Cost You? HPV [Genital Warts]**

Contact: Health Edco, Division of WRS Group, Inc., PO Box 21207, Waco, TX, 76702-1207, (254) 776-6461.

Summary: This brochure, for adolescents, discusses the sexually transmitted disease (STD), human papillomavirus (HPV). HPV causes genital warts and is one of the most common STDs in the United States. The following aspects of HPV are discussed: (1) symptoms; (2) diagnosis; (3) transmission through skin-to-skin, oral, vaginal, or anal sex with an infected person; (4) prevention measures such as practicing sexual abstinence, monogamy, safer sex with condoms, and avoidance of substance abuse; (5) treatment using acids, laser surgery, and cryotherapy; (6) the financial costs for treating HPV; and (7) the possible long-term effects including cervical, anal, or penile cancer as well as sterility in women.

- **Genital Warts : What You Need to Know**

Contact: Education Programs Associates, Health Education Resource Center, 1 W Campbell Ave Ste 45, Campbell, CA, 95008, (408) 374-3720, <http://www.cfhc.org>.

Summary: This brochure provides information about genital warts, which are the result of a viral sexually transmitted disease (STD), the human papillomavirus (HPV), for individuals with genital warts. The brochure discusses the symptoms, methods of transmission, treatment, and prevention. It discusses risks associated with cervical cancer in women with HPV and the risks HPV poses to pregnant women.

- **Genital Warts**

Contact: Public Health Seattle/King County, HIV/AIDS Programs, 400 Yesler Way 3rd Fl, Seattle, WA, 98104-2615, (206) 296-4649, <http://www.metrokc.gov/health/apu>.

Summary: This brochure, written for the general public, provides information about genital warts, which is caused by the human papillomavirus (HPV), a sexually transmitted disease (STD). HPV is the most common STD in the world, has over sixty different variations, and can be spread through unprotected sex or skin-to-skin contact.

The majority of women and some men may not have any symptoms if they are infected with HPV. The brochure identifies common symptoms of HPV infection and describes the process of testing for HPV. HPV can be treated, but there is no cure. The brochure outlines the treatments available for this infection. Individuals should not use over-the-counter medicine on genital warts. Visible genital warts can be removed, but treatment cannot eliminate the virus, so recurrences can occur. Infected persons should never have sex while warts are visible. The brochure outlines the effects of HPV if left untreated. Pregnancy can stimulate the growth of genital warts; however, infants rarely contract this infection from their mothers during pregnancy or childbirth. Individuals can prevent or reduce their risks for HPV by practicing sexual abstinence, getting an STD check-up before having sex, using condoms during each sexual encounter, inspecting partners' genitals for symptoms, reducing their numbers of sex partners, and getting tested if symptoms occur before having sex again. The brochure provides contact information for services in the Seattle, Washington area from which individuals can learn more about HPV.

- **HPV and Genital Warts**

Contact: Kansas Department of Health and Environment, Bureau of Epidemiology and Disease Prevention, HIV-STD Section, 1000 SW Jackson Ste 210, Topeka, KS, 66612-1274, (785) 296-6173, http://www.kdhe.state.ks.us/olrh/download/health_directory.pdf.

Summary: This information sheet provides information about the human papillomavirus (HPV), the cause of genital warts. It discusses the transmission, symptoms, treatment, and prevention of HPV.

- **Human Papillomavirus and Genital Warts**

Contact: US Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Allergy and Infectious Diseases, Division of Microbiology and Infectious Diseases, 6700-B Rockledge Dr, Bethesda, MD, 20892-7630, (301) 496-1884, <http://www.niaid.nih.gov>.

Summary: This information sheet provides information about the sexually transmitted disease (STD), the human papillomavirus (HPV) and genital warts. The information sheet discusses HPV transmission, symptoms, diagnosis, treatment, prevention, and its possible long-term effects.

- **Genital Warts/HPV**

Contact: Minnesota Department of Health, AIDS/STD Prevention Services Section, (651) 676-5698, <http://health.state.mn.us/divs/dpc/aids-std/aids-std.htm>.

Summary: This fact sheet, for the general public, discusses the sexually transmitted disease (STD), the human papillomavirus (HPV): the causes of genital warts. It lists HPV symptoms; transmission methods; the long-term consequences of untreated HPV, prevention measures; and ways to treat HPV. Contact information is provided for state and national STD services.

- **Protect Yourself and Your Baby from Sexually Transmitted Disease (STD)**

Contact: American Social Health Association, PO Box 13827, Research Triangle Park, NC, 27709, (919) 361-8400.

Summary: This brochure for women who are pregnant or thinking of becoming pregnant provides information about the symptoms, testing, long-term effects, and

prevention of sexually transmitted diseases (STDs). Germs that live on skin or in semen, vaginal fluids, blood or other body fluids cause STDs. Anyone who has sex of any kind or shares needles can get an STD. Because these germs can be passed from mothers to their unborn babies, pregnant women should be tested for STDs. Common symptoms of STDs include itching, swelling, soreness, or pain in or around the vagina or anus; sores, blisters, rashes, bumps, or growths between the legs; pain when peeing; and bleeding from the vagina between periods. However, women may have an STD and have no symptoms. Many STDs are easy to treat and cure. Medication can lower a woman's risk of passing the STD to her baby and slow or stop any damage that an STD can do to her baby. Even a woman who has had an STD test in the past may need to be tested again. The brochure discusses how the following STDs can affect a baby: genital herpes, gonorrhea, chlamydia, hepatitis B, the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), the human papillomavirus (HPV), and syphilis. Those women who have STDs should seek treatment immediately, have their partner(s) seek treatment, take all medication that is prescribed by their doctors, and avoid having sex until they and their partner(s) are cured. Individuals can prevent or reduce their risks for STDs by limiting their numbers of sex partners, talking with their partners about STDs, practicing safer sex with condoms during each sexual encounter, and not shooting drugs or sharing needles. The brochure provides contact information for national hotlines and organizations that offer information/resources about STDs.

- **STD Facts: Sexually Transmitted Disease**

Contact: Education Training and Research Associates, PO Box 1830, Santa Cruz, CA, 95061-1830, (800) 321-4407, <http://www.etr.org>.

Summary: This pamphlet provides information on sexually transmitted diseases (STDs) including chlamydia, human papillomavirus (HPV) or genital warts, gonorrhea, hepatitis B, herpes, the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), syphilis, and vaginitis. It discusses the symptoms of STDs in men and women, STD transmission, and STD prevention.

- **Sexually Transmitted Disease and HIV**

Contact: Panos Institute, 1701 K St NW Ste 1100 11th Fl, Washington, DC, 20006, (202) 223-7949, <http://www.panosinst.org>.

Summary: This fact sheet provides information concerning sexually transmitted diseases (STDs) and the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS). The fact sheet describes the global impact of STDs upon people, and explains how these diseases helps to facilitate the spread of HIV/AIDS. For a number of STDs, the fact sheet identifies their symptoms and treatment methods. The fact sheet discusses STDs such as chancroid, chlamydia, the human papillomavirus (HPV), genital herpes, gonorrhea, syphilis, and trichomoniasis.

- **Preventing STD: Sexually Transmitted Disease**

Contact: Northern Illinois University, University Health Service, Student Affairs Division, Preventive Medicine Clinic, Health Service Northern IL U, DeKalb, IL, 60115-2879, (815) 753-1311, <http://www.niu.edu>.

Summary: This fact sheet discusses preventing sexually transmitted diseases (STD). It explains methods of transmission, lists some of the diseases classified as STDs, specifies the need for diagnosis and treatment, and states STD statistics from a 1992 Northern

Illinois University (NIU) survey. It rates the relative risk of various sexual behaviors and describes ways to prevent STD transmission.

The National Guideline Clearinghouse™

The National Guideline Clearinghouse™ offers hundreds of evidence-based clinical practice guidelines published in the United States and other countries. You can search this site located at <http://www.guideline.gov/> by using the keyword “sexually transmitted diseases” (or synonyms). The following was recently posted:

- **2002 national guideline for the management of anogenital warts**

Source: Association for Genitourinary Medicine - Medical Specialty Society; 1999 August (revised 2002); Various pagings

http://www.guideline.gov/summary/summary.aspx?doc_id=3046&nbr=2272∓string=sexually+AND+transmitted+AND+diseases

- **2002 national guidelines for the management of late syphilis**

Source: Association for Genitourinary Medicine - Medical Specialty Society; 1999 August (revised 2002); Various pagings

http://www.guideline.gov/summary/summary.aspx?doc_id=3037&nbr=2263∓string=sexually+AND+transmitted+AND+diseases

- **2002 national guidelines on the management of early syphilis**

Source: Association for Genitourinary Medicine - Medical Specialty Society; 1999 August (revised 2002); Various pagings

http://www.guideline.gov/summary/summary.aspx?doc_id=3036&nbr=2262∓string=sexually+AND+transmitted+AND+diseases

- **Cervical cancer screening for women who attend STD clinics or have a history of STDs. Sexually transmitted diseases treatment guidelines 2002**

Source: Centers for Disease Control and Prevention - Federal Government Agency [U.S.]; 1993 (revised 2002 May 10); 3 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3241&nbr=2467∓string=sexually+AND+transmitted+AND+diseases

- **Clinical prevention guidelines. Sexually transmitted diseases treatment guidelines 2002**

Source: Centers for Disease Control and Prevention - Federal Government Agency [U.S.]; 1993 (revised 2002 May 10); 4 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3230&nbr=2456∓string=sexually+AND+transmitted+AND+diseases

- **Clinical standards for the screening and management of acquired syphilis in HIV-positive adults**

Source: Medical Society for the Study of Venereal Diseases - Disease Specific Society; 2002 February; 9 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3440&nbr=2666&string=sexually+AND+transmitted+AND+diseases

- **Congenital syphilis. Sexually transmitted diseases treatment guidelines 2002**

Source: Centers for Disease Control and Prevention - Federal Government Agency [U.S.]; 1993 (revised 2002 May 10); 3 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3234&nbr=2460&string=sexually+AND+transmitted+AND+diseases

- **Diseases characterized by genital ulcers. Sexually transmitted diseases treatment guidelines 2002**

Source: Centers for Disease Control and Prevention - Federal Government Agency [U.S.]; 1993 (revised 2002 May 10); 25 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3233&nbr=2459&string=sexually+AND+transmitted+AND+diseases

- **Diseases characterized by urethritis and cervicitis. Sexually transmitted diseases treatment guidelines 2002**

Source: Centers for Disease Control and Prevention - Federal Government Agency [U.S.]; 1993 (revised 2002 May 10); 13 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3236&nbr=2462&string=sexually+AND+transmitted+AND+diseases

- **Diseases characterized by vaginal discharge. Sexually transmitted diseases treatment guidelines 2002**

Source: Centers for Disease Control and Prevention - Federal Government Agency [U.S.]; 1993 (revised 2002 May 10); 7 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3237&nbr=2463&string=sexually+AND+transmitted+AND+diseases

- **Ectoparasitic infections. Sexually transmitted diseases treatment guidelines 2002**

Source: Centers for Disease Control and Prevention - Federal Government Agency [U.S.]; 1993 (revised 2002 May 10); 3 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3245&nbr=2471&string=sexually+AND+transmitted+AND+diseases

- **Epididymitis. Sexually transmitted diseases treatment guidelines 2002**

Source: Centers for Disease Control and Prevention - Federal Government Agency [U.S.]; 1993 (revised 2002 May 10); 2 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3239&nbr=2465&string=sexually+AND+transmitted+AND+diseases

- **Hepatitis C. Sexually transmitted diseases treatment guidelines 2002**

Source: Centers for Disease Control and Prevention - Federal Government Agency [U.S.]; 1993 (revised 2002 May 10); 3 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3243&nbr=2469&string=sexually+AND+transmitted+AND+diseases

- **HIV infection: detection, counseling, and referral. Sexually transmitted diseases treatment guidelines 2002**

Source: Centers for Disease Control and Prevention - Federal Government Agency [U.S.]; 1993 (revised 2002 May 10); 5 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3232&nbr=2458&string=sexually+AND+transmitted+AND+diseases

- **Human papillomavirus infection. Sexually transmitted diseases treatment guidelines 2002**

Source: Centers for Disease Control and Prevention - Federal Government Agency [U.S.]; 1993 (revised 2002 May 10); 5 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3240&nbr=2466&string=sexually+AND+transmitted+AND+diseases

- **Management of patients who have a history of penicillin allergy. Sexually transmitted diseases treatment guidelines 2002**

Source: Centers for Disease Control and Prevention - Federal Government Agency [U.S.]; 1993 (revised 2002 May 10); 3 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3235&nbr=2461&string=sexually+AND+transmitted+AND+diseases

- **Pelvic inflammatory disease. Sexually transmitted diseases treatment guidelines 2002**

Source: Centers for Disease Control and Prevention - Federal Government Agency [U.S.]; 1993 (revised 2002 May 10); 5 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3238&nbr=2464&string=sexually+AND+transmitted+AND+diseases

- **Proctitis, proctocolitis, and enteritis. Sexually transmitted diseases treatment guidelines 2002**

Source: Centers for Disease Control and Prevention - Federal Government Agency [U.S.]; 1993 (revised 2002 May 10); 2 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3244&nbr=2470&string=sexually+AND+transmitted+AND+diseases

- **Sexual assault and STDs. Sexually transmitted diseases treatment guidelines 2002**

Source: Centers for Disease Control and Prevention - Federal Government Agency [U.S.]; 1993 (revised 2002 May 10); 6 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3246&nbr=2472&string=sexually+AND+transmitted+AND+diseases

- **Special populations. Sexually transmitted diseases treatment guidelines 2002**

Source: Centers for Disease Control and Prevention - Federal Government Agency [U.S.]; 1993 (revised 2002 May 10); 3 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3231&nbr=2457&string=sexually+AND+transmitted+AND+diseases

- **Syphilis**

Source: Finnish Medical Society Duodecim - Professional Association; 2001 November 22; Various pagings

http://www.guideline.gov/summary/summary.aspx?doc_id=3396&nbr=2622&string=sexually+AND+transmitted+AND+diseases

- **Vaccine preventable STDs. Sexually transmitted diseases treatment guidelines 2002**

Source: Centers for Disease Control and Prevention - Federal Government Agency [U.S.]; 1993 (revised 2002 May 10); 6 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3242&nbr=2468&string=sexually+AND+transmitted+AND+diseases

Healthfinder™

Healthfinder™ is sponsored by the U.S. Department of Health and Human Services and offers links to hundreds of other sites that contain healthcare information. This Web site is located at <http://www.healthfinder.gov>. Again, keyword searches can be used to find guidelines. The following was recently found in this database:

- **An Introduction to Sexually Transmitted Diseases**

Summary: Sexually transmitted diseases (STDs), once called venereal diseases, are among the most common infectious diseases in the U.S. today. More than 20 STDs have now been identified.

Source: National Institute of Allergy and Infectious Diseases, National Institutes of Health

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=47>

- **Chlamydia's Quick Cure**

Summary: This online article provides an overview of Chlamydia, a sexually transmitted disease that often presents with no symptoms.

Source: U.S. Food and Drug Administration

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=4760>

- **Condoms and Sexually Transmitted Diseases... Especially AIDS**

Summary: This consumer health education booklet underscores the importance of condom use for the prevention of sexually transmitted diseases (STDs).

Source: Office of Special Health Issues, U.S. Food and Drug Administration

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=4669>

- **Condoms and Their Use in Preventing HIV Infection and Other STDs**

Summary: Basic information about the importance of condom use to prevent the spread of sexually transmitted diseases (STDs).

Source: National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=4657>

- **Condoms: Barriers to Bad News**

Summary: The best protection from sexually transmitted diseases (STD) is to not have sex or to have a mutually monogamous relationship with someone who is known to be uninfected.

Source: U.S. Food and Drug Administration

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=3590>

- **Gonorrhea**

Summary: This booklet discusses the symptoms, diagnosis, treatment, complications, and prevention of gonorrhea -- a highly contagious bacterial infection usually spread through sexual contact.

Source: National Institute of Allergy and Infectious Diseases, National Institutes of Health

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=105>

- **Human Papillomavirus and Genital Warts**

Summary: A general overview of the human papillomavirus (HPV) -- the most common causes of sexually transmitted diseases (STD) and the types of HPV that can lead to genital warts.

Source: National Institute of Allergy and Infectious Diseases, National Institutes of Health

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=121>

- **Information to Live By: Human Papillomavirus (HPV)**

Summary: Answers to basic questions about HPV viruses, types of which can cause warts on the hands and feet, genital warts, and have been linked to cervical cancer.

Source: American Social Health Association

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=4625>

- **Nongonococcal Urethritis (NGU)**

Summary: A common sexually transmitted disease in men, NGU is a term that describes an infection of the urethra (the tube that carries urine from the bladder).

Source: American Social Health Association

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=1432>

- **Pelvic Inflammatory Disease**

Summary: The most serious and common complication of sexually transmitted disease among women is pelvic inflammatory disease (PID), an infection of the upper genital tract, including the uterus, ovaries, and

Source: National Institute of Allergy and Infectious Diseases, National Institutes of Health

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=147>

- **Prevention News Update -- HIV/AIDS, STD & TB**

Summary: Synopses of key scientific articles and lay media reports on HIV/AIDS, other sexually transmitted diseases, and tuberculosis.

Source: CDC National Prevention Information Network

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=4609>

- **Syphilis**

Summary: Syphilis, once a cause of devastating epidemics, now can be effectively controlled with antibiotic therapy. Yet, in many cities of the United States both adult and congenital syphilis are on the rise.

Source: National Institute of Allergy and Infectious Diseases, National Institutes of Health

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=176>

- **Teen Sex and Pregnancy**

Summary: Facts and statistics about reproductive health issues in teenagers -- sexual activity, sexually transmitted diseases (STDs), contraceptive use, abortion, pregnancy and other related topics.

Source: Alan Guttmacher Institute

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=6017>

- **Teen Talk: Commonly Asked Questions About Sexually Transmitted Diseases (STDs)**

Summary: Also available In:

Source: Office of Population Affairs, U.S. Department of Health and Human Service

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5623>

- **Training Opportunities in HIV/AIDS Prevention**

Summary: A listing of current employment opportunities at CDC's National Center for HIV, STD, and TB Prevention--includes a link to the Sexually Transmitted Diseases/HIV Prevention and Training Centers web

Source: National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=2948>

- **Venereal (Genital) Warts**

Summary: Answers to common questions and concerns from consumers on venereal (genital) warts, a sexually transmitted disease. These warts are known to be caused the Human Papilloma Virus (HPV).

Source: NOAH: New York Online Access to Health

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=2213>

The NIH Search Utility

The NIH search utility allows you to search for documents on over 100 selected Web sites that comprise the NIH-WEB-SPACE. Each of these servers is “crawled” and indexed on an ongoing basis. Your search will produce a list of various documents, all of which will relate in some way to sexually transmitted diseases. The drawbacks of this approach are that the information is not organized by theme and that the references are often a mix of information for professionals and patients. Nevertheless, a large number of the listed Web sites provide useful background information. We can only recommend this route, therefore, for relatively rare or specific disorders, or when using highly targeted searches. To use the NIH search utility, visit the following Web page: <http://search.nih.gov/index.html>.

Additional Web Sources

A number of Web sites are available to the public that often link to government sites. These can also point you in the direction of essential information. The following is a representative sample:

- AOL: <http://search.aol.com/cat.adp?id=168&layer=&from=subcats>
- Family Village: <http://www.familyvillage.wisc.edu/specific.htm>
- Google: http://directory.google.com/Top/Health/Conditions_and_Diseases/
- Med Help International: <http://www.medhelp.org/HealthTopics/A.html>
- Open Directory Project: http://dmoz.org/Health/Conditions_and_Diseases/
- Yahoo.com: http://dir.yahoo.com/Health/Diseases_and_Conditions/
- WebMD® Health: http://my.webmd.com/health_topics

Associations and Sexually Transmitted Diseases

The following is a list of associations that provide information on and resources relating to sexually transmitted diseases:

- **American Social Health Association**

Telephone: (919) 361-8400

Fax: (919) 361-8425

Email: allkal@ashastd.org

Web Site: <http://www.ashastd.org>

Background: The American Social Health Association (ASHA) is a not-for-profit voluntary organization dedicated to stopping sexually transmitted diseases (STDs) and their harmful consequences to individuals, families, and communities. Established in 1914, ASHA provides direct patient support through the Herpes Resource Center/National Herpes Hotline and the HPV Support Group, which coordinate a network of over 100 local support groups and publish quarterly journals. ASHA also operates the National AIDS Hotline and the National STD Hotline, both under contract with the Centers for Disease Control and Prevention (CDC), as well as the FIRST STEP Hotline and Health Check Hotline, components of North Carolina's effort to improve the health and development of children in the state. In addition, ASHA advocates for increased funding for STD programs and public policies on STD control, working through its office in Washington D.C. provides leadership for the National Coalition to Fight Sexually Transmitted Diseases; and operates the Women's Health Matters program. The organization also administers the ASHA Research Fund, the only privately funded training program for STD research. ASHA's materials include an annual report, quarterly catalog, and pamphlets.

Relevant area(s) of interest: Gonorrhea, Sexually Transmitted Diseases

- **Sexuality Information and Education Council of the U.S**

Telephone: (212) 819-9770

Fax: (212) 819-9776

Email: siecus@siecus.org

Web Site: <http://www.siecus.org>

Background: The Sexuality Information and Education Council of the U.S. (SIECUS) is a nonprofit organization dedicated to developing, collecting, and disseminating information; promoting comprehensive education about sexuality; and advocating for the rights of individuals to make responsible sexual choices. Established in 1964, SIECUS has many different programs developed by health, education, and sexuality experts. Educational materials include a booklet entitled 'How to Talk to Your Children About AIDS,' a pamphlet entitled 'SIECUS Publications Catalog,' and a bimonthly journal entitled the 'SIECUS Report.' The organization provides appropriate referrals, encourages lobbying efforts, and supports education. SIECUS maintains the Mary S. Calderone Library, with more than 5,000 books, 2,000 journals and newsletters, and 500 sexuality and AIDS curricula. The library also has a computerized database with more than 10,000 citations.

Finding Associations

There are several Internet directories that provide lists of medical associations with information on or resources relating to sexually transmitted diseases. By consulting all of associations listed in this chapter, you will have nearly exhausted all sources for patient associations concerned with sexually transmitted diseases.

The National Health Information Center (NHIC)

The National Health Information Center (NHIC) offers a free referral service to help people find organizations that provide information about sexually transmitted diseases. For more information, see the NHIC's Web site at <http://www.health.gov/NHIC/> or contact an information specialist by calling 1-800-336-4797.

Directory of Health Organizations

The Directory of Health Organizations, provided by the National Library of Medicine Specialized Information Services, is a comprehensive source of information on associations. The Directory of Health Organizations database can be accessed via the Internet at <http://www.sis.nlm.nih.gov/Dir/DirMain.html>. It is composed of two parts: DIRLINE and Health Hotlines.

The DIRLINE database comprises some 10,000 records of organizations, research centers, and government institutes and associations that primarily focus on health and biomedicine. To access DIRLINE directly, go to the following Web site: <http://dirline.nlm.nih.gov/>. Simply type in "sexually transmitted diseases" (or a synonym), and you will receive information on all relevant organizations listed in the database.

Health Hotlines directs you to toll-free numbers to over 300 organizations. You can access this database directly at <http://www.sis.nlm.nih.gov/hotlines/>. On this page, you are given the option to search by keyword or by browsing the subject list. When you have received your search results, click on the name of the organization for its description and contact information.

The Combined Health Information Database

Another comprehensive source of information on healthcare associations is the Combined Health Information Database. Using the "Detailed Search" option, you will need to limit your search to "Organizations" and "sexually transmitted diseases". Type the following hyperlink into your Web browser: <http://chid.nih.gov/detail/detail.html>. To find associations, use the drop boxes at the bottom of the search page where "You may refine your search by." For publication date, select "All Years." Then, select your preferred language and the format option "Organization Resource Sheet." Type "sexually transmitted diseases" (or synonyms) into the "For these words:" box. You should check back periodically with this database since it is updated every three months.

The National Organization for Rare Disorders, Inc.

The National Organization for Rare Disorders, Inc. has prepared a Web site that provides, at no charge, lists of associations organized by health topic. You can access this database at the following Web site: <http://www.rarediseases.org/search/orgsearch.html>. Type "sexually transmitted diseases" (or a synonym) into the search box, and click "Submit Query."

APPENDIX C. FINDING MEDICAL LIBRARIES

Overview

In this Appendix, we show you how to quickly find a medical library in your area.

Preparation

Your local public library and medical libraries have interlibrary loan programs with the National Library of Medicine (NLM), one of the largest medical collections in the world. According to the NLM, most of the literature in the general and historical collections of the National Library of Medicine is available on interlibrary loan to any library. If you would like to access NLM medical literature, then visit a library in your area that can request the publications for you.²⁴

Finding a Local Medical Library

The quickest method to locate medical libraries is to use the Internet-based directory published by the National Network of Libraries of Medicine (NN/LM). This network includes 4626 members and affiliates that provide many services to librarians, health professionals, and the public. To find a library in your area, simply visit <http://nnlm.gov/members/adv.html> or call 1-800-338-7657.

Medical Libraries in the U.S. and Canada

In addition to the NN/LM, the National Library of Medicine (NLM) lists a number of libraries with reference facilities that are open to the public. The following is the NLM's list and includes hyperlinks to each library's Web site. These Web pages can provide information on hours of operation and other restrictions. The list below is a small sample of

²⁴ Adapted from the NLM: <http://www.nlm.nih.gov/psd/cas/interlibrary.html>.

libraries recommended by the National Library of Medicine (sorted alphabetically by name of the U.S. state or Canadian province where the library is located)²⁵:

- **Alabama:** Health InfoNet of Jefferson County (Jefferson County Library Cooperative, Lister Hill Library of the Health Sciences), <http://www.uab.edu/infonet/>
- **Alabama:** Richard M. Scrushy Library (American Sports Medicine Institute)
- **Arizona:** Samaritan Regional Medical Center: The Learning Center (Samaritan Health System, Phoenix, Arizona), <http://www.samaritan.edu/library/bannerlibs.htm>
- **California:** Kris Kelly Health Information Center (St. Joseph Health System, Humboldt), <http://www.humboldt1.com/~kkhic/index.html>
- **California:** Community Health Library of Los Gatos, <http://www.healthlib.org/orgresources.html>
- **California:** Consumer Health Program and Services (CHIPS) (County of Los Angeles Public Library, Los Angeles County Harbor-UCLA Medical Center Library) - Carson, CA, <http://www.colapublib.org/services/chips.html>
- **California:** Gateway Health Library (Sutter Gould Medical Foundation)
- **California:** Health Library (Stanford University Medical Center), <http://www-med.stanford.edu/healthlibrary/>
- **California:** Patient Education Resource Center - Health Information and Resources (University of California, San Francisco), <http://sfghdean.ucsf.edu/barnett/PERC/default.asp>
- **California:** Redwood Health Library (Petaluma Health Care District), <http://www.phcd.org/rdwdlib.html>
- **California:** Los Gatos PlaneTree Health Library, <http://planetreesanjose.org/>
- **California:** Sutter Resource Library (Sutter Hospitals Foundation, Sacramento), <http://suttermedicalcenter.org/library/>
- **California:** Health Sciences Libraries (University of California, Davis), <http://www.lib.ucdavis.edu/healthsci/>
- **California:** ValleyCare Health Library & Ryan Comer Cancer Resource Center (ValleyCare Health System, Pleasanton), <http://gaenet.stmarys-ca.edu/other.libs/gbal/east/vchl.html>
- **California:** Washington Community Health Resource Library (Fremont), <http://www.healthlibrary.org/>
- **Colorado:** William V. Gervasini Memorial Library (Exempla Healthcare), <http://www.saintjosephdenver.org/yourhealth/libraries/>
- **Connecticut:** Hartford Hospital Health Science Libraries (Hartford Hospital), <http://www.harthosp.org/library/>
- **Connecticut:** Healthnet: Connecticut Consumer Health Information Center (University of Connecticut Health Center, Lyman Maynard Stowe Library), <http://library.uchc.edu/departm/hnet/>

²⁵ Abstracted from <http://www.nlm.nih.gov/medlineplus/libraries.html>.

- **Connecticut:** Waterbury Hospital Health Center Library (Waterbury Hospital, Waterbury), <http://www.waterburyhospital.com/library/consumer.shtml>
- **Delaware:** Consumer Health Library (Christiana Care Health System, Eugene du Pont Preventive Medicine & Rehabilitation Institute, Wilmington), http://www.christianacare.org/health_guide/health_guide_pmri_health_info.cfm
- **Delaware:** Lewis B. Flinn Library (Delaware Academy of Medicine, Wilmington), <http://www.delamed.org/chls.html>
- **Georgia:** Family Resource Library (Medical College of Georgia, Augusta), http://cmc.mcg.edu/kids_families/fam_resources/fam_res_lib/frl.htm
- **Georgia:** Health Resource Center (Medical Center of Central Georgia, Macon), <http://www.mccg.org/hrc/hrchome.asp>
- **Hawaii:** Hawaii Medical Library: Consumer Health Information Service (Hawaii Medical Library, Honolulu), <http://hml.org/CHIS/>
- **Idaho:** DeArmond Consumer Health Library (Kootenai Medical Center, Coeur d'Alene), <http://www.nicon.org/DeArmond/index.htm>
- **Illinois:** Health Learning Center of Northwestern Memorial Hospital (Chicago), http://www.nmh.org/health_info/hlc.html
- **Illinois:** Medical Library (OSF Saint Francis Medical Center, Peoria), <http://www.osfsaintfrancis.org/general/library/>
- **Kentucky:** Medical Library - Services for Patients, Families, Students & the Public (Central Baptist Hospital, Lexington), <http://www.centralbap.com/education/community/library.cfm>
- **Kentucky:** University of Kentucky - Health Information Library (Chandler Medical Center, Lexington), <http://www.mc.uky.edu/PatientEd/>
- **Louisiana:** Alton Ochsner Medical Foundation Library (Alton Ochsner Medical Foundation, New Orleans), <http://www.ochsner.org/library/>
- **Louisiana:** Louisiana State University Health Sciences Center Medical Library-Shreveport, <http://lib-sh.lsuhscc.edu/>
- **Maine:** Franklin Memorial Hospital Medical Library (Franklin Memorial Hospital, Farmington), <http://www.fchn.org/fmh/lib.htm>
- **Maine:** Gerrish-True Health Sciences Library (Central Maine Medical Center, Lewiston), <http://www.cmmc.org/library/library.html>
- **Maine:** Hadley Parrot Health Science Library (Eastern Maine Healthcare, Bangor), <http://www.emh.org/hll/hpl/guide.htm>
- **Maine:** Maine Medical Center Library (Maine Medical Center, Portland), <http://www.mmc.org/library/>
- **Maine:** Parkview Hospital (Brunswick), <http://www.parkviewhospital.org/>
- **Maine:** Southern Maine Medical Center Health Sciences Library (Southern Maine Medical Center, Biddeford), <http://www.smmc.org/services/service.php3?choice=10>
- **Maine:** Stephens Memorial Hospital's Health Information Library (Western Maine Health, Norway), <http://www.wmhcc.org/Library/>

- **Manitoba, Canada:** Consumer & Patient Health Information Service (University of Manitoba Libraries), <http://www.umanitoba.ca/libraries/units/health/reference/chis.html>
- **Manitoba, Canada:** J.W. Crane Memorial Library (Deer Lodge Centre, Winnipeg), http://www.deerlodge.mb.ca/crane_library/about.asp
- **Maryland:** Health Information Center at the Wheaton Regional Library (Montgomery County, Dept. of Public Libraries, Wheaton Regional Library), <http://www.mont.lib.md.us/healthinfo/hic.asp>
- **Massachusetts:** Baystate Medical Center Library (Baystate Health System), <http://www.baystatehealth.com/1024/>
- **Massachusetts:** Boston University Medical Center Alumni Medical Library (Boston University Medical Center), <http://med-libwww.bu.edu/library/lib.html>
- **Massachusetts:** Lowell General Hospital Health Sciences Library (Lowell General Hospital, Lowell), <http://www.lowellgeneral.org/library/HomePageLinks/WWW.htm>
- **Massachusetts:** Paul E. Woodard Health Sciences Library (New England Baptist Hospital, Boston), http://www.nebh.org/health_lib.asp
- **Massachusetts:** St. Luke's Hospital Health Sciences Library (St. Luke's Hospital, Southcoast Health System, New Bedford), <http://www.southcoast.org/library/>
- **Massachusetts:** Treadwell Library Consumer Health Reference Center (Massachusetts General Hospital), <http://www.mgh.harvard.edu/library/chrcindex.html>
- **Massachusetts:** UMass HealthNet (University of Massachusetts Medical School, Worcester), <http://healthnet.umassmed.edu/>
- **Michigan:** Botsford General Hospital Library - Consumer Health (Botsford General Hospital, Library & Internet Services), <http://www.botsfordlibrary.org/consumer.htm>
- **Michigan:** Helen DeRoy Medical Library (Providence Hospital and Medical Centers), <http://www.providence-hospital.org/library/>
- **Michigan:** Marquette General Hospital - Consumer Health Library (Marquette General Hospital, Health Information Center), <http://www.mgh.org/center.html>
- **Michigan:** Patient Education Resource Center - University of Michigan Cancer Center (University of Michigan Comprehensive Cancer Center, Ann Arbor), <http://www.cancer.med.umich.edu/learn/leares.htm>
- **Michigan:** Sladen Library & Center for Health Information Resources - Consumer Health Information (Detroit), <http://www.henryford.com/body.cfm?id=39330>
- **Montana:** Center for Health Information (St. Patrick Hospital and Health Sciences Center, Missoula)
- **National:** Consumer Health Library Directory (Medical Library Association, Consumer and Patient Health Information Section), <http://caphis.mlanet.org/directory/index.html>
- **National:** National Network of Libraries of Medicine (National Library of Medicine) - provides library services for health professionals in the United States who do not have access to a medical library, <http://nnlm.gov/>
- **National:** NN/LM List of Libraries Serving the Public (National Network of Libraries of Medicine), <http://nnlm.gov/members/>

- **Nevada:** Health Science Library, West Charleston Library (Las Vegas-Clark County Library District, Las Vegas), http://www.lvcld.org/special_collections/medical/index.htm
- **New Hampshire:** Dartmouth Biomedical Libraries (Dartmouth College Library, Hanover), <http://www.dartmouth.edu/~biomed/resources.html#conshealth.html#/>
- **New Jersey:** Consumer Health Library (Rahway Hospital, Rahway), <http://www.rahwayhospital.com/library.htm>
- **New Jersey:** Dr. Walter Phillips Health Sciences Library (Englewood Hospital and Medical Center, Englewood), <http://www.englewoodhospital.com/links/index.htm>
- **New Jersey:** Meland Foundation (Englewood Hospital and Medical Center, Englewood), <http://www.geocities.com/ResearchTriangle/9360/>
- **New York:** Choices in Health Information (New York Public Library) - NLM Consumer Pilot Project participant, <http://www.nypl.org/branch/health/links.html>
- **New York:** Health Information Center (Upstate Medical University, State University of New York, Syracuse), <http://www.upstate.edu/library/hic/>
- **New York:** Health Sciences Library (Long Island Jewish Medical Center, New Hyde Park), <http://www.lij.edu/library/library.html>
- **New York:** ViaHealth Medical Library (Rochester General Hospital), <http://www.nyam.org/library/>
- **Ohio:** Consumer Health Library (Akron General Medical Center, Medical & Consumer Health Library), <http://www.akrongeneral.org/hwlibrary.htm>
- **Oklahoma:** The Health Information Center at Saint Francis Hospital (Saint Francis Health System, Tulsa), <http://www.sfh-tulsa.com/services/healthinfo.asp>
- **Oregon:** Planetree Health Resource Center (Mid-Columbia Medical Center, The Dalles), <http://www.mcmc.net/phrc/>
- **Pennsylvania:** Community Health Information Library (Milton S. Hershey Medical Center, Hershey), <http://www.hmc.psu.edu/commhealth/>
- **Pennsylvania:** Community Health Resource Library (Geisinger Medical Center, Danville), <http://www.geisinger.edu/education/commmlib.shtml>
- **Pennsylvania:** HealthInfo Library (Moses Taylor Hospital, Scranton), <http://www.mth.org/healthwellness.html>
- **Pennsylvania:** Hopwood Library (University of Pittsburgh, Health Sciences Library System, Pittsburgh), http://www.hsls.pitt.edu/guides/chi/hopwood/index_html
- **Pennsylvania:** Koop Community Health Information Center (College of Physicians of Philadelphia), <http://www.collphyphil.org/kooppg1.shtml>
- **Pennsylvania:** Learning Resources Center - Medical Library (Susquehanna Health System, Williamsport), <http://www.shscares.org/services/lrc/index.asp>
- **Pennsylvania:** Medical Library (UPMC Health System, Pittsburgh), <http://www.upmc.edu/passavant/library.htm>
- **Quebec, Canada:** Medical Library (Montreal General Hospital), <http://www.mghlib.mcgill.ca/>

- **South Dakota:** Rapid City Regional Hospital Medical Library (Rapid City Regional Hospital), <http://www.rcrh.org/Services/Library/Default.asp>
- **Texas:** Houston HealthWays (Houston Academy of Medicine-Texas Medical Center Library), <http://hhw.library.tmc.edu/>
- **Washington:** Community Health Library (Kittitas Valley Community Hospital), <http://www.kvch.com/>
- **Washington:** Southwest Washington Medical Center Library (Southwest Washington Medical Center, Vancouver), <http://www.swmedicalcenter.com/body.cfm?id=72>

ONLINE GLOSSARIES

The Internet provides access to a number of free-to-use medical dictionaries. The National Library of Medicine has compiled the following list of online dictionaries:

- ADAM Medical Encyclopedia (A.D.A.M., Inc.), comprehensive medical reference:
<http://www.nlm.nih.gov/medlineplus/encyclopedia.html>
- MedicineNet.com Medical Dictionary (MedicineNet, Inc.):
<http://www.medterms.com/Script/Main/hp.asp>
- Merriam-Webster Medical Dictionary (Inteli-Health, Inc.):
<http://www.intelihealth.com/IH/>
- Multilingual Glossary of Technical and Popular Medical Terms in Eight European Languages (European Commission) - Danish, Dutch, English, French, German, Italian, Portuguese, and Spanish: <http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html>
- On-line Medical Dictionary (CancerWEB): <http://cancerweb.ncl.ac.uk/omd/>
- Rare Diseases Terms (Office of Rare Diseases):
<http://ord.aspensys.com/asp/diseases/diseases.asp>
- Technology Glossary (National Library of Medicine) - Health Care Technology:
<http://www.nlm.nih.gov/nichsr/ta101/ta10108.htm>

Beyond these, MEDLINEplus contains a very patient-friendly encyclopedia covering every aspect of medicine (licensed from A.D.A.M., Inc.). The ADAM Medical Encyclopedia can be accessed at <http://www.nlm.nih.gov/medlineplus/encyclopedia.html>. ADAM is also available on commercial Web sites such as drkoop.com (<http://www.drkoop.com/>) and Web MD (http://my.webmd.com/adam/asset/adam_disease_articles/a_to_z/a). The NIH suggests the following Web sites in the ADAM Medical Encyclopedia when searching for information on sexually transmitted diseases:

- **Basic Guidelines for Sexually Transmitted Diseases**

Genital warts

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000886.htm>

Gonorrhea - female

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000656.htm>

Gonorrhea - male

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000623.htm>

Syphilis

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001327.htm>

Syphilis - primary

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000861.htm>

Syphilis - secondary

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000854.htm>

Syphilis - tertiary

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000662.htm>

- **Signs & Symptoms for Sexually Transmitted Diseases**

Abdominal pain

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003120.htm>

Abnormal vaginal bleeding

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003156.htm>

Aches and pains in bones

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003180.htm>

Arthralgia

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003261.htm>

Dyspareunia

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003157.htm>

Dysuria

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003145.htm>

Enlarged lymph nodes

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003097.htm>

Fatigue

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003088.htm>

Fever

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003090.htm>

Genital lesions (female)

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003222.htm>

Genital lesions (male)

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003221.htm>

Genital sores (female)

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003222.htm>

Genital sores (male)

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003221.htm>

Glands, swollen

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003097.htm>

Groin lump

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003100.htm>

Hair loss

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003246.htm>

Headache

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003024.htm>

Hearing loss

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003044.htm>

Incontinence

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003142.htm>

Increased urinary frequency

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003140.htm>

Increased urinary frequency or urgency

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003140.htm>

Increased vaginal discharge

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003158.htm>

Itching

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003217.htm>

Joint aches

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003261.htm>

Limited range of motion

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003173.htm>

Loss of appetite

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003121.htm>

Malaise

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003089.htm>

Mouth sores

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003059.htm>

Muscle

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003193.htm>

Muscle aches

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003178.htm>

Myalgia

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003178.htm>

Nausea

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003117.htm>

Nosebleed - symptom

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003106.htm>

Pain on urination

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003145.htm>

Pain or burning on urination

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003145.htm>

Painful intercourse

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003157.htm>

Painful urination

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003145.htm>

Rash

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003220.htm>

Sexual intercourse, painful

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003157.htm>

Skin lesion

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003220.htm>

Skin lesions

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003220.htm>

Skin rash

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003220.htm>

Sore throat

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003053.htm>

Swallowing difficulty

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003115.htm>

Throat, sore

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003053.htm>

Urinary discomfort

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003145.htm>

Urinary hesitancy

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003143.htm>

Vaginal bleeding between periods

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003156.htm>

Vaginal discharge

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003158.htm>

Vulvar itch

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003159.htm>

- **Diagnostics and Tests for Sexually Transmitted Diseases**

Cervical gram stain

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003753.htm>

Donath-Landsteiner test

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003668.htm>

Endocervical culture

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003754.htm>

ESR

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003638.htm>

Febrile/cold agglutinins

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003549.htm>

FTA-ABS

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003512.htm>

FTA-ABS (fluorescent treponemal antibody test

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003512.htm>

FTA-ABS fluorescent treponemal antibody test

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003512.htm>

Gram stain of urethral discharge

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003749.htm>

Gumma

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000859.htm>

Pap smear

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003911.htm>

Rectal culture

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003759.htm>

RPR

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003533.htm>

Serology

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003511.htm>

Skin lesion aspiration

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003451.htm>

Spinal fluid examination

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003768.htm>

STS

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003512.htm>

Throat swab culture

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003746.htm>

Ulcer

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003225.htm>

Ulcers

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003228.htm>

Urethral discharge culture

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003750.htm>

VDRL

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003515.htm>

- **Background Topics for Sexually Transmitted Diseases**

Asymptomatic

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002217.htm>

Benign

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002236.htm>

Cardiovascular

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002310.htm>

Central nervous system

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002311.htm>

Cervix

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002317.htm>

Chronic

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002312.htm>

Condoms

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/004001.htm>

Cryosurgery

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002322.htm>

Electrocauterization

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002359.htm>

Heart disease

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000147.htm>

Incidence

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002387.htm>

Laser therapy

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001913.htm>

Liquid nitrogen

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002246.htm>

Penis

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002279.htm>

Reportable disease

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001929.htm>

Safer sex behaviors

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001949.htm>

Safer sex practices

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001949.htm>

Safer sexual practices

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001949.htm>

Scrotum

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002296.htm>

Surgical excision

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002305.htm>

Symptomatic

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002293.htm>

Systemic

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002294.htm>

Testicles

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002334.htm>

Vagina

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002342.htm>

Vulva

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002343.htm>

Online Dictionary Directories

The following are additional online directories compiled by the National Library of Medicine, including a number of specialized medical dictionaries:

- Medical Dictionaries: Medical & Biological (World Health Organization):
<http://www.who.int/hlt/virtuallibrary/English/diction.htm#Medical>
- MEL-Michigan Electronic Library List of Online Health and Medical Dictionaries (Michigan Electronic Library): **<http://mel.lib.mi.us/health/health-dictionaries.html>**
- Patient Education: Glossaries (DMOZ Open Directory Project):
http://dmoz.org/Health/Education/Patient_Education/Glossaries/
- Web of Online Dictionaries (Bucknell University):
<http://www.yourdictionary.com/diction5.html#medicine>

SEXUALLY TRANSMITTED DISEASES

DICTIONARY

The definitions below are derived from official public sources, including the National Institutes of Health [NIH] and the European Union [EU].

Abdomen: That portion of the body that lies between the thorax and the pelvis. [NIH]

Abortion: 1. The premature expulsion from the uterus of the products of conception - of the embryo, or of a nonviable fetus. The four classic symptoms, usually present in each type of abortion, are uterine contractions, uterine haemorrhage, softening and dilatation of the cervix, and presentation or expulsion of all or part of the products of conception. 2. Premature stoppage of a natural or a pathological process. [EU]

Abscess: Accumulation of purulent material in tissues, organs, or circumscribed spaces, usually associated with signs of infection. [NIH]

Absenteeism: Chronic absence from work or other duty. [NIH]

ACE: Angiotensin-converting enzyme. A drug used to decrease pressure inside blood vessels. [NIH]

Acetylcholine: A neurotransmitter. Acetylcholine in vertebrates is the major transmitter at neuromuscular junctions, autonomic ganglia, parasympathetic effector junctions, a subset of sympathetic effector junctions, and at many sites in the central nervous system. It is generally not used as an administered drug because it is broken down very rapidly by cholinesterases, but it is useful in some ophthalmological applications. [NIH]

Acquired Immunodeficiency Syndrome: An acquired defect of cellular immunity associated with infection by the human immunodeficiency virus (HIV), a CD4-positive T-lymphocyte count under 200 cells/microliter or less than 14% of total lymphocytes, and increased susceptibility to opportunistic infections and malignant neoplasms. Clinical manifestations also include emaciation (wasting) and dementia. These elements reflect criteria for AIDS as defined by the CDC in 1993. [NIH]

Acremonium: A mitosporic fungal genus with many reported ascomycetous teleomorphs. Cephalosporin antibiotics are derived from this genus. [NIH]

Acridine Orange: Cationic cytochemical stain specific for cell nuclei, especially DNA. It is used as a supravital stain and in fluorescence cytochemistry. It may cause mutations in microorganisms. [NIH]

Acrylonitrile: A highly poisonous compound used widely in the manufacture of plastics, adhesives and synthetic rubber. [NIH]

Adolescence: The period of life beginning with the appearance of secondary sex characteristics and terminating with the cessation of somatic growth. The years usually referred to as adolescence lie between 13 and 18 years of age. [NIH]

Adolescent Medicine: A branch of medicine pertaining to the diagnosis and treatment of diseases occurring during the period beginning with puberty until the cessation of somatic growth. [NIH]

Adverse Effect: An unwanted side effect of treatment. [NIH]

Aerobic: In biochemistry, reactions that need oxygen to happen or happen when oxygen is present. [NIH]

Affinity: 1. Inherent likeness or relationship. 2. A special attraction for a specific element, organ, or structure. 3. Chemical affinity; the force that binds atoms in molecules; the tendency of substances to combine by chemical reaction. 4. The strength of noncovalent chemical binding between two substances as measured by the dissociation constant of the complex. 5. In immunology, a thermodynamic expression of the strength of interaction between a single antigen-binding site and a single antigenic determinant (and thus of the stereochemical compatibility between them), most accurately applied to interactions among simple, uniform antigenic determinants such as haptens. Expressed as the association constant (K litres mole⁻¹), which, owing to the heterogeneity of affinities in a population of antibody molecules of a given specificity, actually represents an average value (mean intrinsic association constant). 6. The reciprocal of the dissociation constant. [EU]

Agar: A complex sulfated polymer of galactose units, extracted from *Gelidium cartilagineum*, *Gracilaria confervoides*, and related red algae. It is used as a gel in the preparation of solid culture media for microorganisms, as a bulk laxative, in making emulsions, and as a supporting medium for immunodiffusion and immunoelectrophoresis. [NIH]

Age Groups: Persons classified by age from birth (infant, newborn) to octogenarians and older (aged, 80 and over). [NIH]

Aged, 80 and Over: A person 80 years of age and older. [NIH]

Agenesis: Lack of complete or normal development; congenital absence of an organ or part. [NIH]

Agglutinins: Substances, usually of biological origin, that cause cells or other organic particles to aggregate and stick to each other. They also include those antibodies which cause aggregation or agglutination of a particulate or insoluble antigen. [NIH]

Algorithms: A procedure consisting of a sequence of algebraic formulas and/or logical steps to calculate or determine a given task. [NIH]

Alkaloid: A member of a large group of chemicals that are made by plants and have nitrogen in them. Some alkaloids have been shown to work against cancer. [NIH]

Allergen: An antigenic substance capable of producing immediate-type hypersensitivity (allergy). [EU]

Alopecia: Absence of hair from areas where it is normally present. [NIH]

Alternative medicine: Practices not generally recognized by the medical community as standard or conventional medical approaches and used instead of standard treatments. Alternative medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Amino acid: Any organic compound containing an amino ($-NH_2$) and a carboxyl ($-COOH$) group. The 20 α -amino acids listed in the accompanying table are the amino acids from which proteins are synthesized by formation of peptide bonds during ribosomal translation of messenger RNA; all except glycine, which is not optically active, have the L configuration. Other amino acids occurring in proteins, such as hydroxyproline in collagen, are formed by posttranslational enzymatic modification of amino acids residues in polypeptide chains. There are also several important amino acids, such as the neurotransmitter γ -aminobutyric acid, that have no relation to proteins. Abbreviated AA. [EU]

Amino Acid Sequence: The order of amino acids as they occur in a polypeptide chain. This is referred to as the primary structure of proteins. It is of fundamental importance in determining protein conformation. [NIH]

Amphetamines: Analogs or derivatives of amphetamine. Many are sympathomimetics and

central nervous system stimulators causing excitation, vasopression, bronchodilation, and to varying degrees, anorexia, analepsis, nasal decongestion, and some smooth muscle relaxation. [NIH]

Amplification: The production of additional copies of a chromosomal DNA sequence, found as either intrachromosomal or extrachromosomal DNA. [NIH]

Anaemia: A reduction below normal in the number of erythrocytes per cu. mm., in the quantity of haemoglobin, or in the volume of packed red cells per 100 ml. of blood which occurs when the equilibrium between blood loss (through bleeding or destruction) and blood production is disturbed. [EU]

Anaerobic: 1. Lacking molecular oxygen. 2. Growing, living, or occurring in the absence of molecular oxygen; pertaining to an anaerobe. [EU]

Anal: Having to do with the anus, which is the posterior opening of the large bowel. [NIH]

Anaplasia: Loss of structural differentiation and useful function of neoplastic cells. [NIH]

Anemia: A reduction in the number of circulating erythrocytes or in the quantity of hemoglobin. [NIH]

Annealing: The spontaneous alignment of two single DNA strands to form a double helix. [NIH]

Anogenital: Pertaining to the anus and external genitals. [EU]

Anomalies: Birth defects; abnormalities. [NIH]

Anorectal: Pertaining to the anus and rectum or to the junction region between the two. [EU]

Anthropology: The science devoted to the comparative study of man. [NIH]

Antibacterial: A substance that destroys bacteria or suppresses their growth or reproduction. [EU]

Antibiotic: A drug used to treat infections caused by bacteria and other microorganisms. [NIH]

Antibodies: Immunoglobulin molecules having a specific amino acid sequence by virtue of which they interact only with the antigen that induced their synthesis in cells of the lymphoid series (especially plasma cells), or with an antigen closely related to it. [NIH]

Antibody: A type of protein made by certain white blood cells in response to a foreign substance (antigen). Each antibody can bind to only a specific antigen. The purpose of this binding is to help destroy the antigen. Antibodies can work in several ways, depending on the nature of the antigen. Some antibodies destroy antigens directly. Others make it easier for white blood cells to destroy the antigen. [NIH]

Anticonvulsant: An agent that prevents or relieves convulsions. [EU]

Antigen: Any substance which is capable, under appropriate conditions, of inducing a specific immune response and of reacting with the products of that response, that is, with specific antibody or specifically sensitized T-lymphocytes, or both. Antigens may be soluble substances, such as toxins and foreign proteins, or particulate, such as bacteria and tissue cells; however, only the portion of the protein or polysaccharide molecule known as the antigenic determinant (q.v.) combines with antibody or a specific receptor on a lymphocyte. Abbreviated Ag. [EU]

Antigen-Antibody Complex: The complex formed by the binding of antigen and antibody molecules. The deposition of large antigen-antibody complexes leading to tissue damage causes immune complex diseases. [NIH]

Antimicrobial: Killing microorganisms, or suppressing their multiplication or growth. [EU]

Antineoplastic: Inhibiting or preventing the development of neoplasms, checking the

maturation and proliferation of malignant cells. [EU]

Antiviral: Destroying viruses or suppressing their replication. [EU]

Anuria: Inability to form or excrete urine. [NIH]

Anus: The opening of the rectum to the outside of the body. [NIH]

Anxiety: Persistent feeling of dread, apprehension, and impending disaster. [NIH]

Applicability: A list of the commodities to which the candidate method can be applied as presented or with minor modifications. [NIH]

Aqueous: Having to do with water. [NIH]

Archaea: One of the three domains of life (the others being bacteria and Eucarya), formerly called Archaeobacteria under the taxon Bacteria, but now considered separate and distinct. They are characterized by: 1) the presence of characteristic tRNAs and ribosomal RNAs; 2) the absence of peptidoglycan cell walls; 3) the presence of ether-linked lipids built from branched-chain subunits; and 4) their occurrence in unusual habitats. While archaea resemble bacteria in morphology and genomic organization, they resemble eukarya in their method of genomic replication. The domain contains at least three kingdoms: crenarchaeota, euryarchaeota, and korarchaeota. [NIH]

Aromatic: Having a spicy odour. [EU]

Arterial: Pertaining to an artery or to the arteries. [EU]

Arteries: The vessels carrying blood away from the heart. [NIH]

Arterioles: The smallest divisions of the arteries located between the muscular arteries and the capillaries. [NIH]

Aseptic: Free from infection or septic material; sterile. [EU]

Aspiration: The act of inhaling. [NIH]

Assay: Determination of the amount of a particular constituent of a mixture, or of the biological or pharmacological potency of a drug. [EU]

Asymptomatic: Having no signs or symptoms of disease. [NIH]

Autoimmune disease: A condition in which the body recognizes its own tissues as foreign and directs an immune response against them. [NIH]

Autonomic: Self-controlling; functionally independent. [EU]

Autonomic Nervous System: The enteric, parasympathetic, and sympathetic nervous systems taken together. Generally speaking, the autonomic nervous system regulates the internal environment during both peaceful activity and physical or emotional stress. Autonomic activity is controlled and integrated by the central nervous system, especially the hypothalamus and the solitary nucleus, which receive information relayed from visceral afferents; these and related central and sensory structures are sometimes (but not here) considered to be part of the autonomic nervous system itself. [NIH]

Back Injuries: General or unspecified injuries to the posterior part of the trunk. It includes injuries to the muscles of the back. [NIH]

Bacteria: Unicellular prokaryotic microorganisms which generally possess rigid cell walls, multiply by cell division, and exhibit three principal forms: round or coccil, rodlike or bacillary, and spiral or spirochetal. [NIH]

Bacterial Infections: Infections by bacteria, general or unspecified. [NIH]

Bactericidal: Substance lethal to bacteria; substance capable of killing bacteria. [NIH]

Bacterium: Microscopic organism which may have a spherical, rod-like, or spiral unicellular

or non-cellular body. Bacteria usually reproduce through asexual processes. [NIH]

Bacteriuria: The presence of bacteria in the urine with or without consequent urinary tract infection. Since bacteriuria is a clinical entity, the term does not preclude the use of urine/microbiology for technical discussions on the isolation and segregation of bacteria in the urine. [NIH]

Base: In chemistry, the nonacid part of a salt; a substance that combines with acids to form salts; a substance that dissociates to give hydroxide ions in aqueous solutions; a substance whose molecule or ion can combine with a proton (hydrogen ion); a substance capable of donating a pair of electrons (to an acid) for the formation of a coordinate covalent bond. [EU]

Benign: Not cancerous; does not invade nearby tissue or spread to other parts of the body. [NIH]

Bereavement: Refers to the whole process of grieving and mourning and is associated with a deep sense of loss and sadness. [NIH]

Bifida: A defect in development of the vertebral column in which there is a central deficiency of the vertebral lamina. [NIH]

Bile: An emulsifying agent produced in the liver and secreted into the duodenum. Its composition includes bile acids and salts, cholesterol, and electrolytes. It aids digestion of fats in the duodenum. [NIH]

Biochemical: Relating to biochemistry; characterized by, produced by, or involving chemical reactions in living organisms. [EU]

Biopsy: Removal and pathologic examination of specimens in the form of small pieces of tissue from the living body. [NIH]

Biotechnology: Body of knowledge related to the use of organisms, cells or cell-derived constituents for the purpose of developing products which are technically, scientifically and clinically useful. Alteration of biologic function at the molecular level (i.e., genetic engineering) is a central focus; laboratory methods used include transfection and cloning technologies, sequence and structure analysis algorithms, computer databases, and gene and protein structure function analysis and prediction. [NIH]

Birth Rate: The number of births in a given population per year or other unit of time. [NIH]

Bladder: The organ that stores urine. [NIH]

Blastocyst: The mammalian embryo in the post-morula stage in which a fluid-filled cavity, enclosed primarily by trophoblast, contains an inner cell mass which becomes the embryonic disc. [NIH]

Blennorrhoea: A general term including any inflammatory process of the external eye which gives a mucoid discharge, more exactly, a discharge of mucus. [NIH]

Blood pressure: The pressure of blood against the walls of a blood vessel or heart chamber. Unless there is reference to another location, such as the pulmonary artery or one of the heart chambers, it refers to the pressure in the systemic arteries, as measured, for example, in the forearm. [NIH]

Blood vessel: A tube in the body through which blood circulates. Blood vessels include a network of arteries, arterioles, capillaries, venules, and veins. [NIH]

Blot: To transfer DNA, RNA, or proteins to an immobilizing matrix such as nitrocellulose. [NIH]

Body Burden: The total amount of a chemical, metal or radioactive substance present at any time after absorption in the body of man or animal. [NIH]

Body Fluids: Liquid components of living organisms. [NIH]

Bone Marrow: The soft tissue filling the cavities of bones. Bone marrow exists in two types, yellow and red. Yellow marrow is found in the large cavities of large bones and consists mostly of fat cells and a few primitive blood cells. Red marrow is a hematopoietic tissue and is the site of production of erythrocytes and granular leukocytes. Bone marrow is made up of a framework of connective tissue containing branching fibers with the frame being filled with marrow cells. [NIH]

Bowel: The long tube-shaped organ in the abdomen that completes the process of digestion. There is both a small and a large bowel. Also called the intestine. [NIH]

Bowel Movement: Body wastes passed through the rectum and anus. [NIH]

Branch: Most commonly used for branches of nerves, but applied also to other structures. [NIH]

Broad Ligament: A broad fold of peritoneum that extends from the side of the uterus to the wall of the pelvis. [NIH]

Broad-spectrum: Effective against a wide range of microorganisms; said of an antibiotic. [EU]

Bronchitis: Inflammation (swelling and reddening) of the bronchi. [NIH]

Buccal: Pertaining to or directed toward the cheek. In dental anatomy, used to refer to the buccal surface of a tooth. [EU]

Calculi: An abnormal concretion occurring mostly in the urinary and biliary tracts, usually composed of mineral salts. Also called stones. [NIH]

Candidiasis: Infection with a fungus of the genus *Candida*. It is usually a superficial infection of the moist cutaneous areas of the body, and is generally caused by *C. albicans*; it most commonly involves the skin (dermatocandidiasis), oral mucous membranes (thrush, def. 1), respiratory tract (bronchocandidiasis), and vagina (vaginitis). Rarely there is a systemic infection or endocarditis. Called also moniliasis, candidosis, oidiomycosis, and formerly blastodendriosis. [EU]

Candidosis: An infection caused by an opportunistic yeasts that tends to proliferate and become pathologic when the environment is favorable and the host resistance is weakened. [NIH]

Capillary: Any one of the minute vessels that connect the arterioles and venules, forming a network in nearly all parts of the body. Their walls act as semipermeable membranes for the interchange of various substances, including fluids, between the blood and tissue fluid; called also vas capillare. [EU]

Carbohydrate: An aldehyde or ketone derivative of a polyhydric alcohol, particularly of the pentahydric and hexahydric alcohols. They are so named because the hydrogen and oxygen are usually in the proportion to form water, $(CH_2O)_n$. The most important carbohydrates are the starches, sugars, celluloses, and gums. They are classified into mono-, di-, tri-, poly- and heterosaccharides. [EU]

Carcinogenic: Producing carcinoma. [EU]

Cardiac: Having to do with the heart. [NIH]

Cardiovascular: Having to do with the heart and blood vessels. [NIH]

Cardiovascular disease: Any abnormal condition characterized by dysfunction of the heart and blood vessels. CVD includes atherosclerosis (especially coronary heart disease, which can lead to heart attacks), cerebrovascular disease (e.g., stroke), and hypertension (high blood pressure). [NIH]

Cardiovascular System: The heart and the blood vessels by which blood is pumped and circulated through the body. [NIH]

Carrier Proteins: Transport proteins that carry specific substances in the blood or across cell membranes. [NIH]

Case report: A detailed report of the diagnosis, treatment, and follow-up of an individual patient. Case reports also contain some demographic information about the patient (for example, age, gender, ethnic origin). [NIH]

Case-Control Studies: Studies which start with the identification of persons with a disease of interest and a control (comparison, referent) group without the disease. The relationship of an attribute to the disease is examined by comparing diseased and non-diseased persons with regard to the frequency or levels of the attribute in each group. [NIH]

Catheter: A flexible tube used to deliver fluids into or withdraw fluids from the body. [NIH]

Causal: Pertaining to a cause; directed against a cause. [EU]

Cause of Death: Factors which produce cessation of all vital bodily functions. They can be analyzed from an epidemiologic viewpoint. [NIH]

Ceftriaxone: Broad-spectrum cephalosporin antibiotic with a very long half-life and high penetrability to usually inaccessible infections, including those involving the meninges, eyes, inner ears, and urinary tract. [NIH]

Cell: The individual unit that makes up all of the tissues of the body. All living things are made up of one or more cells. [NIH]

Cell Division: The fission of a cell. [NIH]

Cellulose: A polysaccharide with glucose units linked as in cellobiose. It is the chief constituent of plant fibers, cotton being the purest natural form of the substance. As a raw material, it forms the basis for many derivatives used in chromatography, ion exchange materials, explosives manufacturing, and pharmaceutical preparations. [NIH]

Central Nervous System: The main information-processing organs of the nervous system, consisting of the brain, spinal cord, and meninges. [NIH]

Cephalosporins: A group of broad-spectrum antibiotics first isolated from the Mediterranean fungus *Acremonium* (*Cephalosporium acremonium*). They contain the beta-lactam moiety thia-azabicyclo-octenecarboxylic acid also called 7-aminocephalosporanic acid. [NIH]

Cerebral: Of or pertaining of the cerebrum or the brain. [EU]

Cerebral Palsy: Refers to a motor disability caused by a brain dysfunction. [NIH]

Cerebrospinal: Pertaining to the brain and spinal cord. [EU]

Cerebrospinal fluid: CSF. The fluid flowing around the brain and spinal cord. Cerebrospinal fluid is produced in the ventricles in the brain. [NIH]

Cerebrovascular: Pertaining to the blood vessels of the cerebrum, or brain. [EU]

Cerebrum: The largest part of the brain. It is divided into two hemispheres, or halves, called the cerebral hemispheres. The cerebrum controls muscle functions of the body and also controls speech, emotions, reading, writing, and learning. [NIH]

Cervical: Relating to the neck, or to the neck of any organ or structure. Cervical lymph nodes are located in the neck; cervical cancer refers to cancer of the uterine cervix, which is the lower, narrow end (the "neck") of the uterus. [NIH]

Cervical intraepithelial neoplasia: CIN. A general term for the growth of abnormal cells on the surface of the cervix. Numbers from 1 to 3 may be used to describe how much of the cervix contains abnormal cells. [NIH]

Cervix: The lower, narrow end of the uterus that forms a canal between the uterus and

vagina. [NIH]

Chancere: The primary sore of syphilis, a painless indurated, eroded papule, occurring at the site of entry of the infection. [NIH]

Chancroid: Acute, localized autoinoculable infectious disease usually acquired through sexual contact. Caused by *Haemophilus ducreyi*, it occurs endemically almost worldwide, especially in tropical and subtropical countries and more commonly in seaports and urban areas than in rural areas. [NIH]

Check-up: A general physical examination. [NIH]

Chemotherapy: Treatment with anticancer drugs. [NIH]

Child Development: The continuous sequential physiological and psychological maturing of the child from birth up to but not including adolescence. It includes healthy responses to situations, but does not include growth in stature or size (= growth). [NIH]

Chin: The anatomical frontal portion of the mandible, also known as the mentum, that contains the line of fusion of the two separate halves of the mandible (symphysis menti). This line of fusion divides inferiorly to enclose a triangular area called the mental protuberance. On each side, inferior to the second premolar tooth, is the mental foramen for the passage of blood vessels and a nerve. [NIH]

Chiropractic: A system of treating bodily disorders by manipulation of the spine and other parts, based on the belief that the cause is the abnormal functioning of a nerve. [NIH]

Cholesterol: The principal sterol of all higher animals, distributed in body tissues, especially the brain and spinal cord, and in animal fats and oils. [NIH]

Choline: A basic constituent of lecithin that is found in many plants and animal organs. It is important as a precursor of acetylcholine, as a methyl donor in various metabolic processes, and in lipid metabolism. [NIH]

Chromatin: The material of chromosomes. It is a complex of DNA, histones, and nonhistone proteins (chromosomal proteins, non-histone) found within the nucleus of a cell. [NIH]

Chromosomal: Pertaining to chromosomes. [EU]

Chromosome: Part of a cell that contains genetic information. Except for sperm and eggs, all human cells contain 46 chromosomes. [NIH]

Chronic: A disease or condition that persists or progresses over a long period of time. [NIH]

Chronic Disease: Disease or ailment of long duration. [NIH]

Chronic Obstructive Pulmonary Disease: Collective term for chronic bronchitis and emphysema. [NIH]

Circulatory system: The system that contains the heart and the blood vessels and moves blood throughout the body. This system helps tissues get enough oxygen and nutrients, and it helps them get rid of waste products. The lymph system, which connects with the blood system, is often considered part of the circulatory system. [NIH]

Circumcision: Excision of the prepuce or part of it. [NIH]

Clear cell carcinoma: A rare type of tumor of the female genital tract in which the inside of the cells looks clear when viewed under a microscope. [NIH]

Clinical trial: A research study that tests how well new medical treatments or other interventions work in people. Each study is designed to test new methods of screening, prevention, diagnosis, or treatment of a disease. [NIH]

Clonic: Pertaining to or of the nature of clonus. [EU]

Cloning: The production of a number of genetically identical individuals; in genetic

engineering, a process for the efficient replication of a great number of identical DNA molecules. [NIH]

Coagulation: 1. The process of clot formation. 2. In colloid chemistry, the solidification of a sol into a gelatinous mass; an alteration of a disperse phase or of a dissolved solid which causes the separation of the system into a liquid phase and an insoluble mass called the clot or curd. Coagulation is usually irreversible. 3. In surgery, the disruption of tissue by physical means to form an amorphous residuum, as in electrocoagulation and photocoagulation. [EU]

Coca: Any of several South American shrubs of the *Erythroxylon* genus (and family) that yield cocaine; the leaves are chewed with alum for CNS stimulation. [NIH]

Cocaine: An alkaloid ester extracted from the leaves of plants including coca. It is a local anesthetic and vasoconstrictor and is clinically used for that purpose, particularly in the eye, ear, nose, and throat. It also has powerful central nervous system effects similar to the amphetamines and is a drug of abuse. Cocaine, like amphetamines, acts by multiple mechanisms on brain catecholaminergic neurons; the mechanism of its reinforcing effects is thought to involve inhibition of dopamine uptake. [NIH]

Cofactor: A substance, microorganism or environmental factor that activates or enhances the action of another entity such as a disease-causing agent. [NIH]

Coitus: Sexual intercourse. [NIH]

Colon: The long, coiled, tubelike organ that removes water from digested food. The remaining material, solid waste called stool, moves through the colon to the rectum and leaves the body through the anus. [NIH]

Colorectal: Having to do with the colon or the rectum. [NIH]

Community Health Centers: Facilities which administer the delivery of health care services to people living in a community or neighborhood. [NIH]

Community Health Nursing: General and comprehensive nursing practice directed to individuals, families, or groups as it relates to and contributes to the health of a population. This is not an official program of a Public Health Department. [NIH]

Community Medicine: A branch of medicine concerned with the total health of the individual within the home environment and in the community, and with the application of comprehensive care to the prevention and treatment of illness in the entire community. [NIH]

Competency: The capacity of the bacterium to take up DNA from its surroundings. [NIH]

Complement: A term originally used to refer to the heat-labile factor in serum that causes immune cytolysis, the lysis of antibody-coated cells, and now referring to the entire functionally related system comprising at least 20 distinct serum proteins that is the effector not only of immune cytolysis but also of other biologic functions. Complement activation occurs by two different sequences, the classic and alternative pathways. The proteins of the classic pathway are termed 'components of complement' and are designated by the symbols C1 through C9. C1 is a calcium-dependent complex of three distinct proteins C1q, C1r and C1s. The proteins of the alternative pathway (collectively referred to as the properdin system) and complement regulatory proteins are known by semisystematic or trivial names. Fragments resulting from proteolytic cleavage of complement proteins are designated with lower-case letter suffixes, e.g., C3a. Inactivated fragments may be designated with the suffix 'i', e.g. C3bi. Activated components or complexes with biological activity are designated by a bar over the symbol e.g. C1 or C4b,2a. The classic pathway is activated by the binding of C1 to classic pathway activators, primarily antigen-antibody complexes containing IgM, IgG1, IgG3; C1q binds to a single IgM molecule or two adjacent IgG molecules. The alternative pathway can be activated by IgA immune complexes and also by nonimmunologic materials

including bacterial endotoxins, microbial polysaccharides, and cell walls. Activation of the classic pathway triggers an enzymatic cascade involving C1, C4, C2 and C3; activation of the alternative pathway triggers a cascade involving C3 and factors B, D and P. Both result in the cleavage of C5 and the formation of the membrane attack complex. Complement activation also results in the formation of many biologically active complement fragments that act as anaphylatoxins, opsonins, or chemotactic factors. [EU]

Complementary and alternative medicine: CAM. Forms of treatment that are used in addition to (complementary) or instead of (alternative) standard treatments. These practices are not considered standard medical approaches. CAM includes dietary supplements, megadose vitamins, herbal preparations, special teas, massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Complementary medicine: Practices not generally recognized by the medical community as standard or conventional medical approaches and used to enhance or complement the standard treatments. Complementary medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Compliance: Distensibility measure of a chamber such as the lungs (lung compliance) or bladder. Compliance is expressed as a change in volume per unit change in pressure. [NIH]

Computational Biology: A field of biology concerned with the development of techniques for the collection and manipulation of biological data, and the use of such data to make biological discoveries or predictions. This field encompasses all computational methods and theories applicable to molecular biology and areas of computer-based techniques for solving biological problems including manipulation of models and datasets. [NIH]

Conception: The onset of pregnancy, marked by implantation of the blastocyst; the formation of a viable zygote. [EU]

Condoms: A sheath that is worn over the penis during sexual behavior in order to prevent pregnancy or spread of sexually transmitted disease. [NIH]

Condyloma: *C. acuminatum*; a papilloma with a central core of connective tissue in a treelike structure covered with epithelium, usually occurring on the mucous membrane or skin of the external genitals or in the perianal region. [EU]

Cone: One of the special retinal receptor elements which are presumed to be primarily concerned with perception of light and color stimuli when the eye is adapted to light. [NIH]

Conjunctiva: The mucous membrane that lines the inner surface of the eyelids and the anterior part of the sclera. [NIH]

Connective Tissue: Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

Connective Tissue: Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

Consultation: A deliberation between two or more physicians concerning the diagnosis and the proper method of treatment in a case. [NIH]

Consumption: Pulmonary tuberculosis. [NIH]

Contact Tracing: Identification of those persons (or animals) who have had such an association with an infected person, animal, or contaminated environment as to have had the opportunity to acquire the infection. Contact tracing is a generally accepted method for the control of sexually transmitted diseases. [NIH]

Contamination: The soiling or pollution by inferior material, as by the introduction of organisms into a wound, or sewage into a stream. [EU]

Contraception: Use of agents, devices, methods, or procedures which diminish the likelihood of or prevent conception. [NIH]

Contraindications: Any factor or sign that it is unwise to pursue a certain kind of action or treatment, e. g. giving a general anesthetic to a person with pneumonia. [NIH]

Convulsions: A general term referring to sudden and often violent motor activity of cerebral or brainstem origin. Convulsions may also occur in the absence of an electrical cerebral discharge (e.g., in response to hypotension). [NIH]

Coordination: Muscular or motor regulation or the harmonious cooperation of muscles or groups of muscles, in a complex action or series of actions. [NIH]

Corneum: The superficial layer of the epidermis containing keratinized cells. [NIH]

Coronary: Encircling in the manner of a crown; a term applied to vessels; nerves, ligaments, etc. The term usually denotes the arteries that supply the heart muscle and, by extension, a pathologic involvement of them. [EU]

Coronary heart disease: A type of heart disease caused by narrowing of the coronary arteries that feed the heart, which needs a constant supply of oxygen and nutrients carried by the blood in the coronary arteries. When the coronary arteries become narrowed or clogged by fat and cholesterol deposits and cannot supply enough blood to the heart, CHD results. [NIH]

Coronary Thrombosis: Presence of a thrombus in a coronary artery, often causing a myocardial infarction. [NIH]

Corpus: The body of the uterus. [NIH]

Cortical: Pertaining to or of the nature of a cortex or bark. [EU]

Crabs: Chiefly marine, largely carnivorous crustaceans including the genera: Cancer, Uca, and Callinectes. It includes crabs as food. [NIH]

Crack Cocaine: The purified, alkaloidal, extra-potent form of cocaine. It is smoked (free-based), injected intravenously, and orally ingested. Use of crack results in alterations in function of the cardiovascular system, the autonomic nervous system, the central nervous system, and the gastrointestinal system. The slang term "crack" was derived from the crackling sound made upon igniting of this form of cocaine for smoking. [NIH]

Cryotherapy: Any method that uses cold temperature to treat disease. [NIH]

Cultural Evolution: The continuous developmental process of a culture from simple to complex forms and from homogeneous to heterogeneous qualities. [NIH]

Culture Media: Any liquid or solid preparation made specifically for the growth, storage, or transport of microorganisms or other types of cells. The variety of media that exist allow for the culturing of specific microorganisms and cell types, such as differential media, selective media, test media, and defined media. Solid media consist of liquid media that have been solidified with an agent such as agar or gelatin. [NIH]

Cutaneous: Having to do with the skin. [NIH]

Cystine: A covalently linked dimeric nonessential amino acid formed by the oxidation of cysteine. Two molecules of cysteine are joined together by a disulfide bridge to form cystine. [NIH]

Cystitis: Inflammation of the urinary bladder. [EU]

Cytomegalovirus: A genus of the family Herpesviridae, subfamily Betaherpesvirinae, infecting the salivary glands, liver, spleen, lungs, eyes, and other organs, in which they produce characteristically enlarged cells with intranuclear inclusions. Infection with Cytomegalovirus is also seen as an opportunistic infection in AIDS. [NIH]

Cytoplasm: The protoplasm of a cell exclusive of that of the nucleus; it consists of a continuous aqueous solution (cytosol) and the organelles and inclusions suspended in it (phaneroplasm), and is the site of most of the chemical activities of the cell. [EU]

Cytosine: A pyrimidine base that is a fundamental unit of nucleic acids. [NIH]

Data Collection: Systematic gathering of data for a particular purpose from various sources, including questionnaires, interviews, observation, existing records, and electronic devices. The process is usually preliminary to statistical analysis of the data. [NIH]

Decubitus: An act of lying down; also the position assumed in lying down. [EU]

Defense Mechanisms: Unconscious process used by an individual or a group of individuals in order to cope with impulses, feelings or ideas which are not acceptable at their conscious level; various types include reaction formation, projection and self reversal. [NIH]

Degenerative: Undergoing degeneration : tending to degenerate; having the character of or involving degeneration; causing or tending to cause degeneration. [EU]

Delivery of Health Care: The concept concerned with all aspects of providing and distributing health services to a patient population. [NIH]

Delusion: A false belief, not susceptible to argument or reason, and determined, pathologically, by some form of mental disorder. [NIH]

Dementia: An acquired organic mental disorder with loss of intellectual abilities of sufficient severity to interfere with social or occupational functioning. The dysfunction is multifaceted and involves memory, behavior, personality, judgment, attention, spatial relations, language, abstract thought, and other executive functions. The intellectual decline is usually progressive, and initially spares the level of consciousness. [NIH]

Denaturation: Rupture of the hydrogen bonds by heating a DNA solution and then cooling it rapidly causes the two complementary strands to separate. [NIH]

Density: The logarithm to the base 10 of the opacity of an exposed and processed film. [NIH]

Dental Care: The total of dental diagnostic, preventive, and restorative services provided to meet the needs of a patient (from Illustrated Dictionary of Dentistry, 1982). [NIH]

Dermatology: A medical specialty concerned with the skin, its structure, functions, diseases, and treatment. [NIH]

DES: Diethylstilbestrol. A synthetic hormone that was prescribed from the early 1940s until 1971 to help women with complications of pregnancy. DES has been linked to an increased risk of clear cell carcinoma of the vagina in daughters of women who used DES. DES may also increase the risk of breast cancer in women who used DES. [NIH]

Detergents: Purifying or cleansing agents, usually salts of long-chain aliphatic bases or acids, that exert cleansing (oil-dissolving) and antimicrobial effects through a surface action that depends on possessing both hydrophilic and hydrophobic properties. [NIH]

Deuterium: Deuterium. The stable isotope of hydrogen. It has one neutron and one proton in the nucleus. [NIH]

Developed Countries: Countries that have reached a level of economic achievement through an increase of production, per capita income and consumption, and utilization of natural and human resources. [NIH]

Developing Countries: Countries in the process of change directed toward economic growth, that is, an increase in production, per capita consumption, and income. The process of economic growth involves better utilization of natural and human resources, which results in a change in the social, political, and economic structures. [NIH]

Diabetes Mellitus: A heterogeneous group of disorders that share glucose intolerance in common. [NIH]

Diagnostic procedure: A method used to identify a disease. [NIH]

Diarrhea: Passage of excessively liquid or excessively frequent stools. [NIH]

Diarrhoea: Abnormal frequency and liquidity of faecal discharges. [EU]

Diastolic: Of or pertaining to the diastole. [EU]

Digestion: The process of breakdown of food for metabolism and use by the body. [NIH]

Digestive system: The organs that take in food and turn it into products that the body can use to stay healthy. Waste products the body cannot use leave the body through bowel movements. The digestive system includes the salivary glands, mouth, esophagus, stomach, liver, pancreas, gallbladder, small and large intestines, and rectum. [NIH]

Dilatation: The act of dilating. [NIH]

Diploid: Having two sets of chromosomes. [NIH]

Direct: 1. Straight; in a straight line. 2. Performed immediately and without the intervention of subsidiary means. [EU]

Discrimination: The act of qualitative and/or quantitative differentiation between two or more stimuli. [NIH]

Disease Progression: The worsening of a disease over time. This concept is most often used for chronic and incurable diseases where the stage of the disease is an important determinant of therapy and prognosis. [NIH]

Disease Transmission: The transmission of infectious disease or pathogens. When transmission is within the same species, the mode can be horizontal (disease transmission, horizontal) or vertical (disease transmission, vertical). [NIH]

Disease Transmission, Horizontal: The transmission of infectious disease or pathogens from one individual to another in the same generation. [NIH]

Disease Transmission, Vertical: The transmission of infectious disease or pathogens from one generation to another. It includes transmission in utero or intrapartum by exposure to blood and secretions, and postpartum exposure via breastfeeding. [NIH]

Disinfectant: An agent that disinfects; applied particularly to agents used on inanimate objects. [EU]

Distal: Remote; farther from any point of reference; opposed to proximal. In dentistry, used to designate a position on the dental arch farther from the median line of the jaw. [EU]

Dopamine: An endogenous catecholamine and prominent neurotransmitter in several systems of the brain. In the synthesis of catecholamines from tyrosine, it is the immediate precursor to norepinephrine and epinephrine. Dopamine is a major transmitter in the extrapyramidal system of the brain, and important in regulating movement. A family of dopaminergic receptor subtypes mediate its action. Dopamine is used pharmacologically for its direct (beta adrenergic agonist) and indirect (adrenergic releasing) sympathomimetic effects including its actions as an inotropic agent and as a renal vasodilator. [NIH]

Douching: A jet or current of water, sometimes a dissolved medicating or cleansing agent, applied to a body part, organ or cavity for medicinal or hygienic purposes. [EU]

Doxycycline: A synthetic tetracycline derivative with a range of antimicrobial activity and mode of action similar to that of tetracycline, but more effective against many species. Animal studies suggest that it may cause less tooth staining than other tetracyclines. [NIH]

Drive: A state of internal activity of an organism that is a necessary condition before a given

stimulus will elicit a class of responses; e.g., a certain level of hunger (drive) must be present before food will elicit an eating response. [NIH]

Drug Resistance: Diminished or failed response of an organism, disease or tissue to the intended effectiveness of a chemical or drug. It should be differentiated from drug tolerance which is the progressive diminution of the susceptibility of a human or animal to the effects of a drug, as a result of continued administration. [NIH]

Drug Tolerance: Progressive diminution of the susceptibility of a human or animal to the effects of a drug, resulting from its continued administration. It should be differentiated from drug resistance wherein an organism, disease, or tissue fails to respond to the intended effectiveness of a chemical or drug. It should also be differentiated from maximum tolerated dose and no-observed-adverse-effect level. [NIH]

Dura mater: The outermost, toughest, and most fibrous of the three membranes (meninges) covering the brain and spinal cord; called also pachymeninx. [EU]

Dysplasia: Cells that look abnormal under a microscope but are not cancer. [NIH]

Dystrophy: Any disorder arising from defective or faulty nutrition, especially the muscular dystrophies. [EU]

Eating Disorders: A group of disorders characterized by physiological and psychological disturbances in appetite or food intake. [NIH]

Ectopic: Pertaining to or characterized by ectopia. [EU]

Ectopic Pregnancy: The pregnancy occurring elsewhere than in the cavity of the uterus. [NIH]

Edema: Excessive amount of watery fluid accumulated in the intercellular spaces, most commonly present in subcutaneous tissue. [NIH]

Efficacy: The extent to which a specific intervention, procedure, regimen, or service produces a beneficial result under ideal conditions. Ideally, the determination of efficacy is based on the results of a randomized control trial. [NIH]

Ejaculation: The release of semen through the penis during orgasm. [NIH]

Elastic: Susceptible of resisting and recovering from stretching, compression or distortion applied by a force. [EU]

Electrolyte: A substance that dissociates into ions when fused or in solution, and thus becomes capable of conducting electricity; an ionic solute. [EU]

Emaciation: Clinical manifestation of excessive leanness usually caused by disease or a lack of nutrition. [NIH]

Embryo: The prenatal stage of mammalian development characterized by rapid morphological changes and the differentiation of basic structures. [NIH]

Embryo Transfer: Removal of a mammalian embryo from one environment and replacement in the same or a new environment. The embryo is usually in the pre-nidation phase, i.e., a blastocyst. The process includes embryo or blastocyst transplantation or transfer after in vitro fertilization and transfer of the inner cell mass of the blastocyst. It is not used for transfer of differentiated embryonic tissue, e.g., germ layer cells. [NIH]

Emergency Medicine: A branch of medicine concerned with an individual's resuscitation, transportation and care from the point of injury or beginning of illness through the hospital or other emergency treatment facility. [NIH]

Emergency Treatment: First aid or other immediate intervention for accidents or medical conditions requiring immediate care and treatment before definitive medical and surgical management can be procured. [NIH]

Emphysema: A pathological accumulation of air in tissues or organs. [NIH]

Emulsions: Colloids of two immiscible liquids where either phase may be either fatty or aqueous; lipid-in-water emulsions are usually liquid, like milk or lotion and water-in-lipid emulsions tend to be creams. [NIH]

Endemic: Present or usually prevalent in a population or geographical area at all times; said of a disease or agent. Called also endemial. [EU]

Endocarditis: Exudative and proliferative inflammatory alterations of the endocardium, characterized by the presence of vegetations on the surface of the endocardium or in the endocardium itself, and most commonly involving a heart valve, but sometimes affecting the inner lining of the cardiac chambers or the endocardium elsewhere. It may occur as a primary disorder or as a complication of or in association with another disease. [EU]

Endocardium: The innermost layer of the heart, comprised of endothelial cells. [NIH]

Endocrinology: A subspecialty of internal medicine concerned with the metabolism, physiology, and disorders of the endocrine system. [NIH]

End-stage renal: Total chronic kidney failure. When the kidneys fail, the body retains fluid and harmful wastes build up. A person with ESRD needs treatment to replace the work of the failed kidneys. [NIH]

Enteritis: Inflammation of the intestine, applied chiefly to inflammation of the small intestine; see also enterocolitis. [EU]

Enterocolitis: Inflammation of the intestinal mucosa of the small and large bowel. [NIH]

Enuresis: Involuntary discharge of urine after the age at which urinary control should have been achieved; often used alone with specific reference to involuntary discharge of urine occurring during sleep at night (bed-wetting, nocturnal enuresis). [EU]

Environmental Health: The science of controlling or modifying those conditions, influences, or forces surrounding man which relate to promoting, establishing, and maintaining health. [NIH]

Enzymatic: Phase where enzyme cuts the precursor protein. [NIH]

Enzyme: A protein that speeds up chemical reactions in the body. [NIH]

Epidemic: Occurring suddenly in numbers clearly in excess of normal expectancy; said especially of infectious diseases but applied also to any disease, injury, or other health-related event occurring in such outbreaks. [EU]

Epidemiological: Relating to, or involving epidemiology. [EU]

Epidermal: Pertaining to or resembling epidermis. Called also epidermic or epidermoid. [EU]

Epidermis: Nonvascular layer of the skin. It is made up, from within outward, of five layers: 1) basal layer (stratum basale epidermidis); 2) spinous layer (stratum spinosum epidermidis); 3) granular layer (stratum granulosum epidermidis); 4) clear layer (stratum lucidum epidermidis); and 5) horny layer (stratum corneum epidermidis). [NIH]

Epithelial: Refers to the cells that line the internal and external surfaces of the body. [NIH]

Epithelial Cells: Cells that line the inner and outer surfaces of the body. [NIH]

Epithelium: One or more layers of epithelial cells, supported by the basal lamina, which covers the inner or outer surfaces of the body. [NIH]

Equipment and Supplies: Expendable and nonexpendable equipment, supplies, apparatus, and instruments that are used in diagnostic, surgical, therapeutic, scientific, and experimental procedures. [NIH]

Erectile: The inability to get or maintain an erection for satisfactory sexual intercourse. Also called impotence. [NIH]

Erythrocytes: Red blood cells. Mature erythrocytes are non-nucleated, biconcave disks containing hemoglobin whose function is to transport oxygen. [NIH]

Escherichia: A genus of gram-negative, facultatively anaerobic, rod-shaped bacteria whose organisms occur in the lower part of the intestine of warm-blooded animals. The species are either nonpathogenic or opportunistic pathogens. [NIH]

Escherichia coli: A species of gram-negative, facultatively anaerobic, rod-shaped bacteria commonly found in the lower part of the intestine of warm-blooded animals. It is usually nonpathogenic, but some strains are known to produce diarrhea and pyogenic infections. [NIH]

Esophagus: The muscular tube through which food passes from the throat to the stomach. [NIH]

Ethanol: A clear, colorless liquid rapidly absorbed from the gastrointestinal tract and distributed throughout the body. It has bactericidal activity and is used often as a topical disinfectant. It is widely used as a solvent and preservative in pharmaceutical preparations as well as serving as the primary ingredient in alcoholic beverages. [NIH]

Ethnic Groups: A group of people with a common cultural heritage that sets them apart from others in a variety of social relationships. [NIH]

Excipient: Any more or less inert substance added to a prescription in order to confer a suitable consistency or form to the drug; a vehicle. [EU]

Excrete: To get rid of waste from the body. [NIH]

Exhaustion: The feeling of weariness of mind and body. [NIH]

Extensor: A muscle whose contraction tends to straighten a limb; the antagonist of a flexor. [NIH]

Extracellular: Outside a cell or cells. [EU]

Exudate: Material, such as fluid, cells, or cellular debris, which has escaped from blood vessels and has been deposited in tissues or on tissue surfaces, usually as a result of inflammation. An exudate, in contrast to a transudate, is characterized by a high content of protein, cells, or solid materials derived from cells. [EU]

Facial: Of or pertaining to the face. [EU]

Fallopian tube: The oviduct, a muscular tube about 10 cm long, lying in the upper border of the broad ligament. [NIH]

Family Health: The health status of the family as a unit including the impact of the health of one member of the family on the family as a unit and on individual family members; also, the impact of family organization or disorganization on the health status of its members. [NIH]

Family Planning: Programs or services designed to assist the family in controlling reproduction by either improving or diminishing fertility. [NIH]

Fat: Total lipids including phospholipids. [NIH]

Fatal Outcome: Death resulting from the presence of a disease in an individual, as shown by a single case report or a limited number of patients. This should be differentiated from death, the physiological cessation of life and from mortality, an epidemiological or statistical concept. [NIH]

Fertilization in Vitro: Fertilization of an egg outside the body when the egg is normally fertilized in the body. [NIH]

Fetus: The developing offspring from 7 to 8 weeks after conception until birth. [NIH]

Fibrin: A protein derived from fibrinogen in the presence of thrombin, which forms part of the blood clot. [NIH]

Fibrosis: Any pathological condition where fibrous connective tissue invades any organ, usually as a consequence of inflammation or other injury. [NIH]

Fixation: 1. The act or operation of holding, suturing, or fastening in a fixed position. 2. The condition of being held in a fixed position. 3. In psychiatry, a term with two related but distinct meanings : (1) arrest of development at a particular stage, which like regression (return to an earlier stage), if temporary is a normal reaction to setbacks and difficulties but if protracted or frequent is a cause of developmental failures and emotional problems, and (2) a close and suffocating attachment to another person, especially a childhood figure, such as one's mother or father. Both meanings are derived from psychoanalytic theory and refer to 'fixation' of libidinal energy either in a specific erogenous zone, hence fixation at the oral, anal, or phallic stage, or in a specific object, hence mother or father fixation. 4. The use of a fixative (q.v.) to preserve histological or cytological specimens. 5. In chemistry, the process whereby a substance is removed from the gaseous or solution phase and localized, as in carbon dioxide fixation or nitrogen fixation. 6. In ophthalmology, direction of the gaze so that the visual image of the object falls on the fovea centralis. 7. In film processing, the chemical removal of all undeveloped salts of the film emulsion, leaving only the developed silver to form a permanent image. [EU]

Flagellum: A whiplike appendage of a cell. It can function either as an organ of locomotion or as a device for moving the fluid surrounding the cell. [NIH]

Fluorescence: The property of emitting radiation while being irradiated. The radiation emitted is usually of longer wavelength than that incident or absorbed, e.g., a substance can be irradiated with invisible radiation and emit visible light. X-ray fluorescence is used in diagnosis. [NIH]

Fold: A plication or doubling of various parts of the body. [NIH]

Forearm: The part between the elbow and the wrist. [NIH]

Fundus: The larger part of a hollow organ that is farthest away from the organ's opening. The bladder, gallbladder, stomach, uterus, eye, and cavity of the middle ear all have a fundus. [NIH]

Fungi: A kingdom of eukaryotic, heterotrophic organisms that live as saprobes or parasites, including mushrooms, yeasts, smuts, molds, etc. They reproduce either sexually or asexually, and have life cycles that range from simple to complex. Filamentous fungi refer to those that grow as multicellular colonies (mushrooms and molds). [NIH]

Fungus: A general term used to denote a group of eukaryotic protists, including mushrooms, yeasts, rusts, moulds, smuts, etc., which are characterized by the absence of chlorophyll and by the presence of a rigid cell wall composed of chitin, mannans, and sometimes cellulose. They are usually of simple morphological form or show some reversible cellular specialization, such as the formation of pseudoparenchymatous tissue in the fruiting body of a mushroom. The dimorphic fungi grow, according to environmental conditions, as moulds or yeasts. [EU]

Gallbladder: The pear-shaped organ that sits below the liver. Bile is concentrated and stored in the gallbladder. [NIH]

Gallstones: The solid masses or stones made of cholesterol or bilirubin that form in the gallbladder or bile ducts. [NIH]

Ganglia: Clusters of multipolar neurons surrounded by a capsule of loosely organized

connective tissue located outside the central nervous system. [NIH]

Gas: Air that comes from normal breakdown of food. The gases are passed out of the body through the rectum (flatus) or the mouth (burp). [NIH]

Gastrointestinal: Refers to the stomach and intestines. [NIH]

Gastrointestinal tract: The stomach and intestines. [NIH]

Gelatin: A product formed from skin, white connective tissue, or bone collagen. It is used as a protein food adjuvant, plasma substitute, hemostatic, suspending agent in pharmaceutical preparations, and in the manufacturing of capsules and suppositories. [NIH]

Gels: Colloids with a solid continuous phase and liquid as the dispersed phase; gels may be unstable when, due to temperature or other cause, the solid phase liquifies; the resulting colloid is called a sol. [NIH]

Gene: The functional and physical unit of heredity passed from parent to offspring. Genes are pieces of DNA, and most genes contain the information for making a specific protein. [NIH]

General practitioner: A medical practitioner who does not specialize in a particular branch of medicine or limit his practice to a specific class of diseases. [NIH]

Genetic Code: The specifications for how information, stored in nucleic acid sequence (base sequence), is translated into protein sequence (amino acid sequence). The start, stop, and order of amino acids of a protein is specified by consecutive triplets of nucleotides called codons (codon). [NIH]

Genetic testing: Analyzing DNA to look for a genetic alteration that may indicate an increased risk for developing a specific disease or disorder. [NIH]

Genital: Pertaining to the genitalia. [EU]

Genitourinary: Pertaining to the genital and urinary organs; urogenital; urinosexual. [EU]

Gestation: The period of development of the young in viviparous animals, from the time of fertilization of the ovum until birth. [EU]

Gland: An organ that produces and releases one or more substances for use in the body. Some glands produce fluids that affect tissues or organs. Others produce hormones or participate in blood production. [NIH]

Glomeruli: Plural of glomerulus. [NIH]

Glucose: D-Glucose. A primary source of energy for living organisms. It is naturally occurring and is found in fruits and other parts of plants in its free state. It is used therapeutically in fluid and nutrient replacement. [NIH]

Glucose Intolerance: A pathological state in which the fasting plasma glucose level is less than 140 mg per deciliter and the 30-, 60-, or 90-minute plasma glucose concentration following a glucose tolerance test exceeds 200 mg per deciliter. This condition is seen frequently in diabetes mellitus but also occurs with other diseases. [NIH]

Gonorrhea: Acute infectious disease characterized by primary invasion of the urogenital tract. The etiologic agent, *Neisseria gonorrhoeae*, was isolated by Neisser in 1879. [NIH]

Gonorrhoea: Infection due to *Neisseria gonorrhoeae* transmitted sexually in most cases, but also by contact with infected exudates in neonatal children at birth, or by infants in households with infected inhabitants. It is marked in males by urethritis with pain and purulent discharge, but is commonly asymptomatic in females, although it may extend to produce suppurative salpingitis, oophoritis, tubo-ovarian abscess, and peritonitis. Bacteraemia occurs in both sexes, resulting in cutaneous lesions, arthritis, and rarely meningitis or endocarditis. Formerly called blennorrhagia and blennorrhoea. [EU]

Governing Board: The group in which legal authority is vested for the control of health-related institutions and organizations. [NIH]

Government Agencies: Administrative units of government responsible for policy making and management of governmental activities in the U.S. and abroad. [NIH]

Grade: The grade of a tumor depends on how abnormal the cancer cells look under a microscope and how quickly the tumor is likely to grow and spread. Grading systems are different for each type of cancer. [NIH]

Graft: Healthy skin, bone, or other tissue taken from one part of the body and used to replace diseased or injured tissue removed from another part of the body. [NIH]

Gram-negative: Losing the stain or decolorized by alcohol in Gram's method of staining, a primary characteristic of bacteria having a cell wall composed of a thin layer of peptidoglycan covered by an outer membrane of lipoprotein and lipopolysaccharide. [EU]

Gram-Negative Bacteria: Bacteria which lose crystal violet stain but are stained pink when treated by Gram's method. [NIH]

Gram-positive: Retaining the stain or resisting decolorization by alcohol in Gram's method of staining, a primary characteristic of bacteria whose cell wall is composed of a thick layer of peptidoglycan with attached teichoic acids. [EU]

Gram-Positive Bacteria: Bacteria which retain the crystal violet stain when treated by Gram's method. [NIH]

Granuloma: A relatively small nodular inflammatory lesion containing grouped mononuclear phagocytes, caused by infectious and noninfectious agents. [NIH]

Granuloma Inguinale: Anogenital ulcers caused by *Calymmatobacterium granulomatis* as distinguished from lymphogranuloma inguinale (see lymphogranuloma venereum) caused by *Chlamydia trachomatis*. Diagnosis is made by demonstration of typical intracellular Donovan bodies in crushed-tissue smears. [NIH]

Groin: The external junctural region between the lower part of the abdomen and the thigh. [NIH]

Growth: The progressive development of a living being or part of an organism from its earliest stage to maturity. [NIH]

Gynecology: A medical-surgical specialty concerned with the physiology and disorders primarily of the female genital tract, as well as female endocrinology and reproductive physiology. [NIH]

Gyrase: An enzyme that causes negative supercoiling of *E. coli* DNA during replication. [NIH]

Habitual: Of the nature of a habit; according to habit; established by or repeated by force of habit, customary. [EU]

Haemorrhage: The escape of blood from the vessels; bleeding. Small haemorrhages are classified according to size as petechiae (very small), purpura (up to 1 cm), and ecchymoses (larger). The massive accumulation of blood within a tissue is called a haematoma. [EU]

Half-Life: The time it takes for a substance (drug, radioactive nuclide, or other) to lose half of its pharmacologic, physiologic, or radiologic activity. [NIH]

Haploid: An organism with one basic chromosome set, symbolized by *n*; the normal condition of gametes in diploids. [NIH]

Haptens: Small antigenic determinants capable of eliciting an immune response only when coupled to a carrier. Haptens bind to antibodies but by themselves cannot elicit an antibody response. [NIH]

Headache: Pain in the cranial region that may occur as an isolated and benign symptom or as a manifestation of a wide variety of conditions including subarachnoid hemorrhage; craniocerebral trauma; central nervous system infections; intracranial hypertension; and other disorders. In general, recurrent headaches that are not associated with a primary disease process are referred to as headache disorders (e.g., migraine). [NIH]

Health Behavior: Behaviors expressed by individuals to protect, maintain or promote their health status. For example, proper diet, and appropriate exercise are activities perceived to influence health status. Life style is closely associated with health behavior and factors influencing life style are socioeconomic, educational, and cultural. [NIH]

Health Education: Education that increases the awareness and favorably influences the attitudes and knowledge relating to the improvement of health on a personal or community basis. [NIH]

Health Policy: Decisions, usually developed by government policymakers, for determining present and future objectives pertaining to the health care system. [NIH]

Health Promotion: Encouraging consumer behaviors most likely to optimize health potentials (physical and psychosocial) through health information, preventive programs, and access to medical care. [NIH]

Health Status: The level of health of the individual, group, or population as subjectively assessed by the individual or by more objective measures. [NIH]

Heart attack: A seizure of weak or abnormal functioning of the heart. [NIH]

Helminths: Commonly known as parasitic worms, this group includes the acanthocephala, nematoda, and platyhelminths. Some authors consider certain species of leeches that can become temporarily parasitic as helminths. [NIH]

Hematuria: Presence of blood in the urine. [NIH]

Hemodialysis: The use of a machine to clean wastes from the blood after the kidneys have failed. The blood travels through tubes to a dialyzer, which removes wastes and extra fluid. The cleaned blood then flows through another set of tubes back into the body. [NIH]

Hemoglobin: One of the fractions of glycosylated hemoglobin A1c. Glycosylated hemoglobin is formed when linkages of glucose and related monosaccharides bind to hemoglobin A and its concentration represents the average blood glucose level over the previous several weeks. HbA1c levels are used as a measure of long-term control of plasma glucose (normal, 4 to 6 percent). In controlled diabetes mellitus, the concentration of glycosylated hemoglobin A is within the normal range, but in uncontrolled cases the level may be 3 to 4 times the normal concentration. Generally, complications are substantially lower among patients with Hb levels of 7 percent or less than in patients with HbA1c levels of 9 percent or more. [NIH]

Hemolytic: A disease that affects the blood and blood vessels. It destroys red blood cells, cells that cause the blood to clot, and the lining of blood vessels. HUS is often caused by the *Escherichia coli* bacterium in contaminated food. People with HUS may develop acute renal failure. [NIH]

Hemophilia: Refers to a group of hereditary disorders in which affected individuals fail to make enough of certain proteins needed to form blood clots. [NIH]

Hemorrhage: Bleeding or escape of blood from a vessel. [NIH]

Hepatitis: Inflammation of the liver and liver disease involving degenerative or necrotic alterations of hepatocytes. [NIH]

Hepatitis A: Hepatitis caused by hepatovirus. It can be transmitted through fecal contamination of food or water. [NIH]

Hepatocytes: The main structural component of the liver. They are specialized epithelial cells that are organized into interconnected plates called lobules. [NIH]

Hepatovirus: A genus of Picornaviridae causing infectious hepatitis naturally in humans and experimentally in other primates. It is transmitted through fecal contamination of food or water. [NIH]

Hereditary: Of, relating to, or denoting factors that can be transmitted genetically from one generation to another. [NIH]

Heredity: 1. The genetic transmission of a particular quality or trait from parent to offspring. 2. The genetic constitution of an individual. [EU]

Herpes: Any inflammatory skin disease caused by a herpesvirus and characterized by the formation of clusters of small vesicles. When used alone, the term may refer to herpes simplex or to herpes zoster. [EU]

Herpes virus: A member of the herpes family of viruses. [NIH]

Herpes Zoster: Acute vesicular inflammation. [NIH]

High blood cholesterol: Cholesterol is the most abundant steroid in animal tissues, especially in bile and gallstones. The relationship between the intake of cholesterol and its manufacture by the body to its utilization, sequestration, or excretion from the body is called the cholesterol balance. When cholesterol accumulates, the balance is positive; when it declines, the balance is negative. In 1993, the NHLBI National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults issued an updated set of recommendations for monitoring and treatment of blood cholesterol levels. The NCEP guidelines recommended that total cholesterol levels and subfractions of high-density lipoprotein (HDL) cholesterol be measured beginning at age 20 in all adults, with subsequent periodic screenings as needed. Even in the group of patients at lowest risk for coronary heart disease (total cholesterol 200 mg/dL and HDL 35 mg/dL), the NCEP recommended that rescreening take place at least once every 5 years or upon physical examination. [NIH]

Homicide: The killing of one person by another. [NIH]

Homogeneous: Consisting of or composed of similar elements or ingredients; of a uniform quality throughout. [EU]

Homologous: Corresponding in structure, position, origin, etc., as (a) the feathers of a bird and the scales of a fish, (b) antigen and its specific antibody, (c) allelic chromosomes. [EU]

Homosexuality: Sexual attraction or relationship between members of the same sex. [NIH]

Hormonal: Pertaining to or of the nature of a hormone. [EU]

Hormone: A substance in the body that regulates certain organs. Hormones such as gastrin help in breaking down food. Some hormones come from cells in the stomach and small intestine. [NIH]

Hospice: Institution dedicated to caring for the terminally ill. [NIH]

Host: Any animal that receives a transplanted graft. [NIH]

Human papillomavirus: HPV. A virus that causes abnormal tissue growth (warts) and is often associated with some types of cancer. [NIH]

Hybrid: Cross fertilization between two varieties or, more usually, two species of vines, see also crossing. [NIH]

Hybridization: The genetic process of crossbreeding to produce a hybrid. Hybrid nucleic acids can be formed by nucleic acid hybridization of DNA and RNA molecules. Protein hybridization allows for hybrid proteins to be formed from polypeptide chains. [NIH]

Hydrogen: The first chemical element in the periodic table. It has the atomic symbol H, atomic number 1, and atomic weight 1. It exists, under normal conditions, as a colorless, odorless, tasteless, diatomic gas. Hydrogen ions are protons. Besides the common H1 isotope, hydrogen exists as the stable isotope deuterium and the unstable, radioactive isotope tritium. [NIH]

Hydrogenation: Specific method of reduction in which hydrogen is added to a substance by the direct use of gaseous hydrogen. [NIH]

Hydrophilic: Readily absorbing moisture; hygroscopic; having strongly polar groups that readily interact with water. [EU]

Hydrophobic: Not readily absorbing water, or being adversely affected by water, as a hydrophobic colloid. [EU]

Hygienic: Pertaining to hygiene, or conducive to health. [EU]

Hyperkeratosis: 1. Hypertrophy of the corneous layer of the skin. 2a. Any of various conditions marked by hyperkeratosis. 2b. A disease of cattle marked by thickening and wringing of the hide and formation of papillary outgrowths on the buccal mucous membranes, often accompanied by watery discharge from eyes and nose, diarrhoea, loss of condition, and abortion of pregnant animals, and now believed to result from ingestion of the chlorinated naphthalene of various lubricating oils. [EU]

Hypersensitivity: Altered reactivity to an antigen, which can result in pathologic reactions upon subsequent exposure to that particular antigen. [NIH]

Hypertension: Persistently high arterial blood pressure. Currently accepted threshold levels are 140 mm Hg systolic and 90 mm Hg diastolic pressure. [NIH]

Hypertrophy: General increase in bulk of a part or organ, not due to tumor formation, nor to an increase in the number of cells. [NIH]

Hypothermia: Lower than normal body temperature, especially in warm-blooded animals; in man usually accidental or unintentional. [NIH]

Hysterectomy: Excision of the uterus. [NIH]

Ichthyosis: Any of several generalized skin disorders characterized by dryness, roughness, and scaliness, due to hypertrophy of the stratum corneum epidermis. Most are genetic, but some are acquired, developing in association with other systemic disease or genetic syndrome. [NIH]

Id: The part of the personality structure which harbors the unconscious instinctive desires and strivings of the individual. [NIH]

Immune Complex Diseases: Group of diseases mediated by the deposition of large soluble complexes of antigen and antibody with resultant damage to tissue. Besides serum sickness and the arthus reaction, evidence supports a pathogenic role for immune complexes in many other systemic immunologic diseases including glomerulonephritis, systemic lupus erythematosus and polyarteritis nodosa. [NIH]

Immune response: The activity of the immune system against foreign substances (antigens). [NIH]

Immune Sera: Serum that contains antibodies. It is obtained from an animal that has been immunized either by antigen injection or infection with microorganisms containing the antigen. [NIH]

Immune system: The organs, cells, and molecules responsible for the recognition and disposal of foreign ("non-self") material which enters the body. [NIH]

Immunity: Nonsusceptibility to the invasive or pathogenic effects of foreign

microorganisms or to the toxic effect of antigenic substances. [NIH]

Immunization: Deliberate stimulation of the host's immune response. Active immunization involves administration of antigens or immunologic adjuvants. Passive immunization involves administration of immune sera or lymphocytes or their extracts (e.g., transfer factor, immune RNA) or transplantation of immunocompetent cell producing tissue (thymus or bone marrow). [NIH]

Immunoassay: Immunochemical assay or detection of a substance by serologic or immunologic methods. Usually the substance being studied serves as antigen both in antibody production and in measurement of antibody by the test substance. [NIH]

Immunodeficiency: The decreased ability of the body to fight infection and disease. [NIH]

Immunodeficiency syndrome: The inability of the body to produce an immune response. [NIH]

Immunodiffusion: Technique involving the diffusion of antigen or antibody through a semisolid medium, usually agar or agarose gel, with the result being a precipitin reaction. [NIH]

Immuno-electrophoresis: A technique that combines protein electrophoresis and double immunodiffusion. In this procedure proteins are first separated by gel electrophoresis (usually agarose), then made visible by immunodiffusion of specific antibodies. A distinct elliptical precipitin arc results for each protein detectable by the antisera. [NIH]

Immunofluorescence: A technique for identifying molecules present on the surfaces of cells or in tissues using a highly fluorescent substance coupled to a specific antibody. [NIH]

Immunogenic: Producing immunity; evoking an immune response. [EU]

Immunoglobulin: A protein that acts as an antibody. [NIH]

Immunologic: The ability of the antibody-forming system to recall a previous experience with an antigen and to respond to a second exposure with the prompt production of large amounts of antibody. [NIH]

Immunology: The study of the body's immune system. [NIH]

Impairment: In the context of health experience, an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function. [NIH]

Implantation: The insertion or grafting into the body of biological, living, inert, or radioactive material. [EU]

Impotence: The inability to perform sexual intercourse. [NIH]

In vitro: In the laboratory (outside the body). The opposite of in vivo (in the body). [NIH]

In vivo: In the body. The opposite of in vitro (outside the body or in the laboratory). [NIH]

Incision: A cut made in the body during surgery. [NIH]

Incontinence: Inability to control the flow of urine from the bladder (urinary incontinence) or the escape of stool from the rectum (fecal incontinence). [NIH]

Incubation: The development of an infectious disease from the entrance of the pathogen to the appearance of clinical symptoms. [EU]

Incubation period: The period of time likely to elapse between exposure to the agent of the disease and the onset of clinical symptoms. [NIH]

Indicative: That indicates; that points out more or less exactly; that reveals fairly clearly. [EU]

Induction: The act or process of inducing or causing to occur, especially the production of a specific morphogenetic effect in the developing embryo through the influence of evocators

or organizers, or the production of anaesthesia or unconsciousness by use of appropriate agents. [EU]

Infant Mortality: Perinatal, neonatal, and infant deaths in a given population. [NIH]

Infant, Newborn: An infant during the first month after birth. [NIH]

Infarction: A pathological process consisting of a sudden insufficient blood supply to an area, which results in necrosis of that area. It is usually caused by a thrombus, an embolus, or a vascular torsion. [NIH]

Infection: 1. Invasion and multiplication of microorganisms in body tissues, which may be clinically unapparent or result in local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response. The infection may remain localized, subclinical, and temporary if the body's defensive mechanisms are effective. A local infection may persist and spread by extension to become an acute, subacute, or chronic clinical infection or disease state. A local infection may also become systemic when the microorganisms gain access to the lymphatic or vascular system. 2. An infectious disease. [EU]

Infertility: The diminished or absent ability to conceive or produce an offspring while sterility is the complete inability to conceive or produce an offspring. [NIH]

Infestation: Parasitic attack or subsistence on the skin and/or its appendages, as by insects, mites, or ticks; sometimes used to denote parasitic invasion of the organs and tissues, as by helminths. [NIH]

Infiltrating cancer: Cancer that has spread beyond the layer of tissue in which it developed and is growing into surrounding, healthy tissues. Also called invasive cancer. [NIH]

Inflammation: A pathological process characterized by injury or destruction of tissues caused by a variety of cytologic and chemical reactions. It is usually manifested by typical signs of pain, heat, redness, swelling, and loss of function. [NIH]

Influenza: An acute viral infection involving the respiratory tract. It is marked by inflammation of the nasal mucosa, the pharynx, and conjunctiva, and by headache and severe, often generalized, myalgia. [NIH]

Informed Consent: Voluntary authorization, given to the physician by the patient, with full comprehension of the risks involved, for diagnostic or investigative procedures and medical and surgical treatment. [NIH]

Infusion: A method of putting fluids, including drugs, into the bloodstream. Also called intravenous infusion. [NIH]

Ingestion: Taking into the body by mouth [NIH]

Inguinal: Pertaining to the inguen, or groin. [EU]

Inhalation: The drawing of air or other substances into the lungs. [EU]

Initiation: Mutation induced by a chemical reactive substance causing cell changes; being a step in a carcinogenic process. [NIH]

Inlay: In dentistry, a filling first made to correspond with the form of a dental cavity and then cemented into the cavity. [NIH]

Inner ear: The labyrinth, comprising the vestibule, cochlea, and semicircular canals. [NIH]

Inoculum: The spores or tissues of a pathogen that serve to initiate disease in a plant. [NIH]

Inorganic: Pertaining to substances not of organic origin. [EU]

Insulator: Material covering the metal conductor of the lead. It is usually polyurethane or silicone. [NIH]

Interleukin-1: A soluble factor produced by monocytes, macrophages, and other cells which activates T-lymphocytes and potentiates their response to mitogens or antigens. IL-1 consists of two distinct forms, IL-1 alpha and IL-1 beta which perform the same functions but are distinct proteins. The biological effects of IL-1 include the ability to replace macrophage requirements for T-cell activation. The factor is distinct from interleukin-2. [NIH]

Interleukin-10: Factor that is a coregulator of mast cell growth. It is produced by T-cells and B-cells and shows extensive homology with the Epstein-Barr virus BCRF1 gene. [NIH]

Interleukin-2: Chemical mediator produced by activated T lymphocytes and which regulates the proliferation of T cells, as well as playing a role in the regulation of NK cell activity. [NIH]

Interstitial: Pertaining to or situated between parts or in the interspaces of a tissue. [EU]

Intervention Studies: Epidemiologic investigations designed to test a hypothesized cause-effect relation by modifying the supposed causal factor(s) in the study population. [NIH]

Intestinal: Having to do with the intestines. [NIH]

Intestine: A long, tube-shaped organ in the abdomen that completes the process of digestion. There is both a large intestine and a small intestine. Also called the bowel. [NIH]

Intoxication: Poisoning, the state of being poisoned. [EU]

Intracellular: Inside a cell. [NIH]

Intraepithelial: Within the layer of cells that form the surface or lining of an organ. [NIH]

Intramuscular: IM. Within or into muscle. [NIH]

Intravenous: IV. Into a vein. [NIH]

Invasive: 1. Having the quality of invasiveness. 2. Involving puncture or incision of the skin or insertion of an instrument or foreign material into the body; said of diagnostic techniques. [EU]

Invasive cancer: Cancer that has spread beyond the layer of tissue in which it developed and is growing into surrounding, healthy tissues. Also called infiltrating cancer. [NIH]

Involuntary: Reaction occurring without intention or volition. [NIH]

Ions: An atom or group of atoms that have a positive or negative electric charge due to a gain (negative charge) or loss (positive charge) of one or more electrons. Atoms with a positive charge are known as cations; those with a negative charge are anions. [NIH]

Isopropyl: A gene mutation inducer. [NIH]

Joint: The point of contact between elements of an animal skeleton with the parts that surround and support it. [NIH]

Kb: A measure of the length of DNA fragments, 1 Kb = 1000 base pairs. The largest DNA fragments are up to 50 kilobases long. [NIH]

Keratolytic: An agent that promotes keratolysis. [EU]

Kidney Disease: Any one of several chronic conditions that are caused by damage to the cells of the kidney. People who have had diabetes for a long time may have kidney damage. Also called nephropathy. [NIH]

Kidney Failure: The inability of a kidney to excrete metabolites at normal plasma levels under conditions of normal loading, or the inability to retain electrolytes under conditions of normal intake. In the acute form (kidney failure, acute), it is marked by uremia and usually by oliguria or anuria, with hyperkalemia and pulmonary edema. The chronic form (kidney failure, chronic) is irreversible and requires hemodialysis. [NIH]

Kidney Failure, Acute: A clinical syndrome characterized by a sudden decrease in

glomerular filtration rate, often to values of less than 1 to 2 ml per minute. It is usually associated with oliguria (urine volumes of less than 400 ml per day) and is always associated with biochemical consequences of the reduction in glomerular filtration rate such as a rise in blood urea nitrogen (BUN) and serum creatinine concentrations. [NIH]

Kidney Failure, Chronic: An irreversible and usually progressive reduction in renal function in which both kidneys have been damaged by a variety of diseases to the extent that they are unable to adequately remove the metabolic products from the blood and regulate the body's electrolyte composition and acid-base balance. Chronic kidney failure requires hemodialysis or surgery, usually kidney transplantation. [NIH]

Kidney stone: A stone that develops from crystals that form in urine and build up on the inner surfaces of the kidney, in the renal pelvis, or in the ureters. [NIH]

Lactobacillus: A genus of gram-positive, microaerophilic, rod-shaped bacteria occurring widely in nature. Its species are also part of the many normal flora of the mouth, intestinal tract, and vagina of many mammals, including humans. Pathogenicity from this genus is rare. [NIH]

Large Intestine: The part of the intestine that goes from the cecum to the rectum. The large intestine absorbs water from stool and changes it from a liquid to a solid form. The large intestine is 5 feet long and includes the appendix, cecum, colon, and rectum. Also called colon. [NIH]

Laser Surgery: The use of a laser either to vaporize surface lesions or to make bloodless cuts in tissue. It does not include the coagulation of tissue by laser. [NIH]

Latent: Phoria which occurs at one distance or another and which usually has no troublesome effect. [NIH]

Lavage: A cleaning of the stomach and colon. Uses a special drink and enemas. [NIH]

Laxative: An agent that acts to promote evacuation of the bowel; a cathartic or purgative. [EU]

Lead Poisoning: Disease caused by the gradual accumulation of a significant body burden of lead. [NIH]

Leprosy: A chronic granulomatous infection caused by *Mycobacterium leprae*. The granulomatous lesions are manifested in the skin, the mucous membranes, and the peripheral nerves. Two polar or principal types are lepromatous and tuberculoid. [NIH]

Leucocyte: All the white cells of the blood and their precursors (myeloid cell series, lymphoid cell series) but commonly used to indicate granulocytes exclusive of lymphocytes. [NIH]

Leukaemia: An acute or chronic disease of unknown cause in man and other warm-blooded animals that involves the blood-forming organs, is characterized by an abnormal increase in the number of leucocytes in the tissues of the body with or without a corresponding increase of those in the circulating blood, and is classified according of the type leucocyte most prominently involved. [EU]

Leukemia: Cancer of blood-forming tissue. [NIH]

Library Services: Services offered to the library user. They include reference and circulation. [NIH]

Lice: A general name for small, wingless, parasitic insects, previously of the order Phthiraptera. Though exact taxonomy is still controversial, they can be grouped in the orders Anoplura (sucking lice), Mallophaga (biting lice), and Rhynchophthirina (elephant lice). [NIH]

Life cycle: The successive stages through which an organism passes from fertilized ovum or

spore to the fertilized ovum or spore of the next generation. [NIH]

Ligament: A band of fibrous tissue that connects bones or cartilages, serving to support and strengthen joints. [EU]

Ligase: An enzyme that repairs single stranded discontinuities in double-stranded DNA molecules in the cell. Purified DNA ligase is used in gene cloning to join DNA molecules together. [NIH]

Ligase Chain Reaction: A DNA amplification technique based upon the ligation of oligonucleotide probes. The probes are designed to exactly match two adjacent sequences of a specific target DNA. The chain reaction is repeated in three steps in the presence of excess probe: (1) heat denaturation of double-stranded DNA, (2) annealing of probes to target DNA, and (3) joining of the probes by thermostable DNA ligase. After the reaction is repeated for 20-30 cycles the production of ligated probe is measured. [NIH]

Ligation: Application of a ligature to tie a vessel or strangulate a part. [NIH]

Linkages: The tendency of two or more genes in the same chromosome to remain together from one generation to the next more frequently than expected according to the law of independent assortment. [NIH]

Lipid: Fat. [NIH]

Lipoprotein: Any of the lipid-protein complexes in which lipids are transported in the blood; lipoprotein particles consist of a spherical hydrophobic core of triglycerides or cholesterol esters surrounded by an amphipathic monolayer of phospholipids, cholesterol, and apolipoproteins; the four principal classes are high-density, low-density, and very-low-density lipoproteins and chylomicrons. [EU]

Liver: A large, glandular organ located in the upper abdomen. The liver cleanses the blood and aids in digestion by secreting bile. [NIH]

Living will: A health care directive that tells others how a person would like to be treated if they lose their capacity to make decisions about health care; it contains instructions about the person's choices of medical treatment and it is prepared in advance. [NIH]

Localized: Cancer which has not metastasized yet. [NIH]

Locomotion: Movement or the ability to move from one place or another. It can refer to humans, vertebrate or invertebrate animals, and microorganisms. [NIH]

Longitudinal study: Also referred to as a "cohort study" or "prospective study"; the analytic method of epidemiologic study in which subsets of a defined population can be identified who are, have been, or in the future may be exposed or not exposed, or exposed in different degrees, to a factor or factors hypothesized to influence the probability of occurrence of a given disease or other outcome. The main feature of this type of study is to observe large numbers of subjects over an extended time, with comparisons of incidence rates in groups that differ in exposure levels. [NIH]

Loop: A wire usually of platinum bent at one end into a small loop (usually 4 mm inside diameter) and used in transferring microorganisms. [NIH]

Lubricants: Oily or slippery substances. [NIH]

Lumbar: Pertaining to the loins, the part of the back between the thorax and the pelvis. [EU]

Lumbar puncture: A procedure in which a needle is put into the lower part of the spinal column to collect cerebrospinal fluid or to give anticancer drugs intrathecally. Also called a spinal tap. [NIH]

Lupus: A form of cutaneous tuberculosis. It is seen predominantly in women and typically involves the nasal, buccal, and conjunctival mucosa. [NIH]

Lymph: The almost colorless fluid that travels through the lymphatic system and carries cells that help fight infection and disease. [NIH]

Lymph node: A rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue. Also known as a lymph gland. Lymph nodes are spread out along lymphatic vessels and contain many lymphocytes, which filter the lymphatic fluid (lymph). [NIH]

Lymphatic: The tissues and organs, including the bone marrow, spleen, thymus, and lymph nodes, that produce and store cells that fight infection and disease. [NIH]

Lymphatic system: The tissues and organs that produce, store, and carry white blood cells that fight infection and other diseases. This system includes the bone marrow, spleen, thymus, lymph nodes and a network of thin tubes that carry lymph and white blood cells. These tubes branch, like blood vessels, into all the tissues of the body. [NIH]

Lymphocyte: A white blood cell. Lymphocytes have a number of roles in the immune system, including the production of antibodies and other substances that fight infection and diseases. [NIH]

Lymphocyte Count: A count of the number of lymphocytes in the blood. [NIH]

Lymphogranuloma Venereum: Subacute inflammation of the inguinal lymph glands caused by certain immunotypes of *Chlamydia trachomatis*. It is a sexually transmitted disease in the U.S. but is more widespread in developing countries. It is distinguished from granuloma venereum (granuloma inguinale), which is caused by *Calymmatobacterium granulomatis*. [NIH]

Lymphoid: Referring to lymphocytes, a type of white blood cell. Also refers to tissue in which lymphocytes develop. [NIH]

Lymphoma: A general term for various neoplastic diseases of the lymphoid tissue. [NIH]

Lytic: 1. Pertaining to lysis or to a lysin. 2. Producing lysis. [EU]

Macrophage: A type of white blood cell that surrounds and kills microorganisms, removes dead cells, and stimulates the action of other immune system cells. [NIH]

Malaria: A protozoan disease caused in humans by four species of the genus *Plasmodium* (*P. falciparum* (malaria, falciparum), *P. vivax* (malaria, vivax), *P. ovale*, and *P. malariae*) and transmitted by the bite of an infected female mosquito of the genus *Anopheles*. Malaria is endemic in parts of Asia, Africa, Central and South America, Oceania, and certain Caribbean islands. It is characterized by extreme exhaustion associated with paroxysms of high fever, sweating, shaking chills, and anemia. Malaria in animals is caused by other species of plasmodia. [NIH]

Malaria, Falciparum: Malaria caused by *Plasmodium falciparum*. This is the severest form of malaria and is associated with the highest levels of parasites in the blood. This disease is characterized by irregularly recurring febrile paroxysms that in extreme cases occur with acute cerebral, renal, or gastrointestinal manifestations. [NIH]

Malaria, Vivax: Malaria caused by *Plasmodium vivax*. This form of malaria is less severe than malaria, falciparum, but there is a higher probability for relapses to occur. Febrile paroxysms often occur every other day. [NIH]

Malformation: A morphologic defect resulting from an intrinsically abnormal developmental process. [EU]

Malignancy: A cancerous tumor that can invade and destroy nearby tissue and spread to other parts of the body. [NIH]

Malignant: Cancerous; a growth with a tendency to invade and destroy nearby tissue and spread to other parts of the body. [NIH]

Malnutrition: A condition caused by not eating enough food or not eating a balanced diet. [NIH]

Mammography: Radiographic examination of the breast. [NIH]

Manifest: Being the part or aspect of a phenomenon that is directly observable : concretely expressed in behaviour. [EU]

Mass Media: Instruments or technological means of communication that reach large numbers of people with a common message: press, radio, television, etc. [NIH]

Medical Records: Recording of pertinent information concerning patient's illness or illnesses. [NIH]

Medicament: A medicinal substance or agent. [EU]

MEDLINE: An online database of MEDLARS, the computerized bibliographic Medical Literature Analysis and Retrieval System of the National Library of Medicine. [NIH]

Membrane: A very thin layer of tissue that covers a surface. [NIH]

Meninges: The three membranes that cover and protect the brain and spinal cord. [NIH]

Meningitis: Inflammation of the meninges. When it affects the dura mater, the disease is termed pachymeningitis; when the arachnoid and pia mater are involved, it is called leptomeningitis, or meningitis proper. [EU]

Menopause: Permanent cessation of menstruation. [NIH]

Menstruation: The normal physiologic discharge through the vagina of blood and mucosal tissues from the nonpregnant uterus. [NIH]

Mental: Pertaining to the mind; psychic. 2. (L. mentum chin) pertaining to the chin. [EU]

Mental Disorders: Psychiatric illness or diseases manifested by breakdowns in the adaptational process expressed primarily as abnormalities of thought, feeling, and behavior producing either distress or impairment of function. [NIH]

Mental Health: The state wherein the person is well adjusted. [NIH]

Mental Retardation: Refers to sub-average general intellectual functioning which originated during the developmental period and is associated with impairment in adaptive behavior. [NIH]

Metabolite: Any substance produced by metabolism or by a metabolic process. [EU]

Metastasis: The spread of cancer from one part of the body to another. Tumors formed from cells that have spread are called "secondary tumors" and contain cells that are like those in the original (primary) tumor. The plural is metastases. [NIH]

MI: Myocardial infarction. Gross necrosis of the myocardium as a result of interruption of the blood supply to the area; it is almost always caused by atherosclerosis of the coronary arteries, upon which coronary thrombosis is usually superimposed. [NIH]

Mice Minute Virus: The type species of parvovirus prevalent in mouse colonies and found as a contaminant of many transplanted tumors or leukemias. [NIH]

Microbe: An organism which cannot be observed with the naked eye; e. g. unicellular animals, lower algae, lower fungi, bacteria. [NIH]

Microbicide: Any substance (gels, creams, suppositories, etc.) that can reduce transmission of sexually transmitted infections. [NIH]

Microbiological: Pertaining to microbiology : the science that deals with microorganisms, including algae, bacteria, fungi, protozoa and viruses. [EU]

Microbiology: The study of microorganisms such as fungi, bacteria, algae, archaea, and

viruses. [NIH]

Microorganism: An organism that can be seen only through a microscope. Microorganisms include bacteria, protozoa, algae, and fungi. Although viruses are not considered living organisms, they are sometimes classified as microorganisms. [NIH]

Migration: The systematic movement of genes between populations of the same species, geographic race, or variety. [NIH]

Minority Groups: A subgroup having special characteristics within a larger group, often bound together by special ties which distinguish it from the larger group. [NIH]

Modeling: A treatment procedure whereby the therapist presents the target behavior which the learner is to imitate and make part of his repertoire. [NIH]

Molecular: Of, pertaining to, or composed of molecules : a very small mass of matter. [EU]

Molecule: A chemical made up of two or more atoms. The atoms in a molecule can be the same (an oxygen molecule has two oxygen atoms) or different (a water molecule has two hydrogen atoms and one oxygen atom). Biological molecules, such as proteins and DNA, can be made up of many thousands of atoms. [NIH]

Monitor: An apparatus which automatically records such physiological signs as respiration, pulse, and blood pressure in an anesthetized patient or one undergoing surgical or other procedures. [NIH]

Monoclonal: An antibody produced by culturing a single type of cell. It therefore consists of a single species of immunoglobulin molecules. [NIH]

Monoclonal antibodies: Laboratory-produced substances that can locate and bind to cancer cells wherever they are in the body. Many monoclonal antibodies are used in cancer detection or therapy; each one recognizes a different protein on certain cancer cells. Monoclonal antibodies can be used alone, or they can be used to deliver drugs, toxins, or radioactive material directly to a tumor. [NIH]

Monocytes: Large, phagocytic mononuclear leukocytes produced in the vertebrate bone marrow and released into the blood; contain a large, oval or somewhat indented nucleus surrounded by voluminous cytoplasm and numerous organelles. [NIH]

Mononuclear: A cell with one nucleus. [NIH]

Morphology: The science of the form and structure of organisms (plants, animals, and other forms of life). [NIH]

Motivations: The most compelling inner determinants of human behavior; also called drives, urges, impulses, needs, wants, tensions, and willful cravings. [NIH]

Mucins: A secretion containing mucopolysaccharides and protein that is the chief constituent of mucus. [NIH]

Mucosa: A mucous membrane, or tunica mucosa. [EU]

Mucus: The viscous secretion of mucous membranes. It contains mucin, white blood cells, water, inorganic salts, and exfoliated cells. [NIH]

Multiple sclerosis: A disorder of the central nervous system marked by weakness, numbness, a loss of muscle coordination, and problems with vision, speech, and bladder control. Multiple sclerosis is thought to be an autoimmune disease in which the body's immune system destroys myelin. Myelin is a substance that contains both protein and fat (lipid) and serves as a nerve insulator and helps in the transmission of nerve signals. [NIH]

Muscular Dystrophies: A general term for a group of inherited disorders which are characterized by progressive degeneration of skeletal muscles. [NIH]

Myalgia: Pain in a muscle or muscles. [EU]

Mycoplasma: A genus of gram-negative, facultatively anaerobic bacteria bounded by a plasma membrane only. Its organisms are parasites and pathogens, found on the mucous membranes of humans, animals, and birds. [NIH]

Myelin: The fatty substance that covers and protects nerves. [NIH]

Myocardium: The muscle tissue of the heart composed of striated, involuntary muscle known as cardiac muscle. [NIH]

Nalidixic Acid: Synthetic antimicrobial agent used in urinary tract infections. It is active against gram-negative bacteria but has little activity against gram-positive organisms or *Pseudomonas*. [NIH]

Nasal Mucosa: The mucous membrane lining the nasal cavity. [NIH]

Nasopharynx: The nasal part of the pharynx, lying above the level of the soft palate. [NIH]

NCI: National Cancer Institute. NCI, part of the National Institutes of Health of the United States Department of Health and Human Services, is the federal government's principal agency for cancer research. NCI conducts, coordinates, and funds cancer research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer. Access the NCI Web site at <http://cancer.gov>. [NIH]

Neck Pain: Discomfort or more intense forms of pain that are localized to the cervical region. This term generally refers to pain in the posterior or lateral regions of the neck. [NIH]

Need: A state of tension or dissatisfaction felt by an individual that impels him to action toward a goal he believes will satisfy the impulse. [NIH]

Neisseria: A genus of gram-negative, aerobic, coccoid bacteria whose organisms are part of the normal flora of the oropharynx, nasopharynx, and genitourinary tract. Some species are primary pathogens for humans. [NIH]

Neisseria gonorrhoeae: A species of gram-negative, aerobic bacteria primarily found in purulent venereal discharges. It is the causative agent of gonorrhea. [NIH]

Neonatal: Pertaining to the first four weeks after birth. [EU]

Neonatorum: Patchy or generalized progressive hardening of the subcutaneous fat, often with fatal outcome, occurring in infants predisposed by reason of prematurity, marasmus, hypothermia, gastro-intestinal or respiratory infection, or gross malformations. [NIH]

Neoplasia: Abnormal and uncontrolled cell growth. [NIH]

Neoplasm: A new growth of benign or malignant tissue. [NIH]

Neoplastic: Pertaining to or like a neoplasm (= any new and abnormal growth); pertaining to neoplasia (= the formation of a neoplasm). [EU]

Nephropathy: Disease of the kidneys. [EU]

Nephrosis: Descriptive histopathologic term for renal disease without an inflammatory component. [NIH]

Nephrotic: Pertaining to, resembling, or caused by nephrosis. [EU]

Nephrotic Syndrome: Clinical association of heavy proteinuria, hypoalbuminemia, and generalized edema. [NIH]

Nerve: A cordlike structure of nervous tissue that connects parts of the nervous system with other tissues of the body and conveys nervous impulses to, or away from, these tissues. [NIH]

Nervous System: The entire nerve apparatus composed of the brain, spinal cord, nerves and ganglia. [NIH]

Networks: Pertaining to a nerve or to the nerves, a meshlike structure of interlocking fibers or strands. [NIH]

Neurons: The basic cellular units of nervous tissue. Each neuron consists of a body, an axon, and dendrites. Their purpose is to receive, conduct, and transmit impulses in the nervous system. [NIH]

Neurosyphilis: A late form of syphilis that affects the brain and may lead to dementia and death. [NIH]

Ngu: An inflammation of the urethra caused by an organism other than *Neisseria gonorrhoeae*. [NIH]

Nitrogen: An element with the atomic symbol N, atomic number 7, and atomic weight 14. Nitrogen exists as a diatomic gas and makes up about 78% of the earth's atmosphere by volume. It is a constituent of proteins and nucleic acids and found in all living cells. [NIH]

Nonoxynol: Nonionic surfactant mixtures varying in the number of repeating ethoxy (oxy-1,2-ethanediyl) groups. They are used as detergents, emulsifiers, wetting agents, defoaming agents, etc. Nonoxynol-9, the compound with 9 repeating ethoxy groups, is a spermicide, formulated primarily as a component of vaginal foams and creams. [NIH]

Nuclear: A test of the structure, blood flow, and function of the kidneys. The doctor injects a mildly radioactive solution into an arm vein and uses x-rays to monitor its progress through the kidneys. [NIH]

Nuclei: A body of specialized protoplasm found in nearly all cells and containing the chromosomes. [NIH]

Nucleic acid: Either of two types of macromolecule (DNA or RNA) formed by polymerization of nucleotides. Nucleic acids are found in all living cells and contain the information (genetic code) for the transfer of genetic information from one generation to the next. [NIH]

Nucleic Acid Amplification Techniques: Laboratory techniques that involve the in-vitro synthesis of many copies of DNA or RNA from one original template. [NIH]

Nucleic Acid Hybridization: The process whereby two single-stranded polynucleotides form a double-stranded molecule, with hydrogen bonding between the complementary bases in the two strands. [NIH]

Nucleus: A body of specialized protoplasm found in nearly all cells and containing the chromosomes. [NIH]

Odds Ratio: The ratio of two odds. The exposure-odds ratio for case control data is the ratio of the odds in favor of exposure among cases to the odds in favor of exposure among noncases. The disease-odds ratio for a cohort or cross section is the ratio of the odds in favor of disease among the exposed to the odds in favor of disease among the unexposed. The prevalence-odds ratio refers to an odds ratio derived cross-sectionally from studies of prevalent cases. [NIH]

Oligonucleotide Probes: Synthetic or natural oligonucleotides used in hybridization studies in order to identify and study specific nucleic acid fragments, e.g., DNA segments near or within a specific gene locus or gene. The probe hybridizes with a specific mRNA, if present. Conventional techniques used for testing for the hybridization product include dot blot assays, Southern blot assays, and DNA:RNA hybrid-specific antibody tests. Conventional labels for the probe include the radioisotope labels ³²P and ¹²⁵I and the chemical label biotin. [NIH]

Oliguria: Clinical manifestation of the urinary system consisting of a decrease in the amount of urine secreted. [NIH]

On-line: A sexually-reproducing population derived from a common parentage. [NIH]

Oophoritis: Inflammation of an ovary. [NIH]

Opportunistic Infections: An infection caused by an organism which becomes pathogenic under certain conditions, e.g., during immunosuppression. [NIH]

Oral Health: The optimal state of the mouth and normal functioning of the organs of the mouth without evidence of disease. [NIH]

Oral Manifestations: Disorders of the mouth attendant upon non-oral disease or injury. [NIH]

Orgasm: The crisis of sexual excitement in either humans or animals. [NIH]

Oropharynx: Oral part of the pharynx. [NIH]

Orthodontics: A dental specialty concerned with the prevention and correction of dental and oral anomalies (malocclusion). [NIH]

Osteoporosis: Reduction of bone mass without alteration in the composition of bone, leading to fractures. Primary osteoporosis can be of two major types: postmenopausal osteoporosis and age-related (or senile) osteoporosis. [NIH]

Outpatient: A patient who is not an inmate of a hospital but receives diagnosis or treatment in a clinic or dispensary connected with the hospital. [NIH]

Ovaries: The pair of female reproductive glands in which the ova, or eggs, are formed. The ovaries are located in the pelvis, one on each side of the uterus. [NIH]

Ovum: A female germ cell extruded from the ovary at ovulation. [NIH]

Oxalate: A chemical that combines with calcium in urine to form the most common type of kidney stone (calcium oxalate stone). [NIH]

Pachymeningitis: Inflammation of the dura mater of the brain, the spinal cord or the optic nerve. [NIH]

Pancreas: A mixed exocrine and endocrine gland situated transversely across the posterior abdominal wall in the epigastric and hypochondriac regions. The endocrine portion is comprised of the Islets of Langerhans, while the exocrine portion is a compound acinar gland that secretes digestive enzymes. [NIH]

Papillary: Pertaining to or resembling papilla, or nipple. [EU]

Papilloma: A benign epithelial neoplasm which may arise from the skin, mucous membranes or glandular ducts. [NIH]

Papillomavirus: A genus of Papovaviridae causing proliferation of the epithelium, which may lead to malignancy. A wide range of animals are infected including humans, chimpanzees, cattle, rabbits, dogs, and horses. [NIH]

Papule: A small circumscribed, superficial, solid elevation of the skin. [EU]

Parasite: An animal or a plant that lives on or in an organism of another species and gets at least some of its nutrition from that other organism. [NIH]

Parasitic: Having to do with or being a parasite. A parasite is an animal or a plant that lives on or in an organism of another species and gets at least some of its nutrients from it. [NIH]

Partnership Practice: A voluntary contract between two or more doctors who may or may not share responsibility for the care of patients, with proportional sharing of profits and losses. [NIH]

Parvovirus: A genus of the family Parvoviridae, subfamily Parvovirinae, infecting a variety of vertebrates including humans. Parvoviruses are responsible for a number of important diseases but also can be non-pathogenic in certain hosts. The type species is mice minute virus. [NIH]

Pathogen: Any disease-producing microorganism. [EU]

Pathogenesis: The cellular events and reactions that occur in the development of disease. [NIH]

Pathologic: 1. Indicative of or caused by a morbid condition. 2. Pertaining to pathology (= branch of medicine that treats the essential nature of the disease, especially the structural and functional changes in tissues and organs of the body caused by the disease). [EU]

Pathologies: The study of abnormality, especially the study of diseases. [NIH]

Pathophysiology: Altered functions in an individual or an organ due to disease. [NIH]

Patient Education: The teaching or training of patients concerning their own health needs. [NIH]

Pediatric Dentistry: The practice of dentistry concerned with the dental problems of children, proper maintenance, and treatment. The dental care may include the services provided by dental specialists. [NIH]

Pediatrics: A medical specialty concerned with maintaining health and providing medical care to children from birth to adolescence. [NIH]

Pediculosis: Infestation with lice of the family Pediculidae, especially infestation with *Pediculus humanus*. [EU]

Pelvic: Pertaining to the pelvis. [EU]

Pelvic inflammatory disease: A bacteriological disease sometimes associated with intrauterine device (IUD) usage. [NIH]

Pelvis: The lower part of the abdomen, located between the hip bones. [NIH]

Penicillin: An antibiotic drug used to treat infection. [NIH]

Penicillin G: A penicillin derivative commonly used in the form of its sodium or potassium salts in the treatment of a variety of infections. It is effective against most gram-positive bacteria and against gram-negative cocci. It has also been used as an experimental convulsant because of its actions on GABA mediated synaptic transmission. [NIH]

Penis: The external reproductive organ of males. It is composed of a mass of erectile tissue enclosed in three cylindrical fibrous compartments. Two of the three compartments, the corpus cavernosa, are placed side-by-side along the upper part of the organ. The third compartment below, the corpus spongiosum, houses the urethra. [NIH]

Peptide: Any compound consisting of two or more amino acids, the building blocks of proteins. Peptides are combined to make proteins. [NIH]

Perceived risk: Estimate or evaluation of risk as observed through personal experience or personal study, and personal evaluation of consequences. [NIH]

Perception: The ability quickly and accurately to recognize similarities and differences among presented objects, whether these be pairs of words, pairs of number series, or multiple sets of these or other symbols such as geometric figures. [NIH]

Perianal: Located around the anus. [EU]

Perinatal: Pertaining to or occurring in the period shortly before and after birth; variously defined as beginning with completion of the twentieth to twenty-eighth week of gestation and ending 7 to 28 days after birth. [EU]

Perineal: Pertaining to the perineum. [EU]

Perineum: The area between the anus and the sex organs. [NIH]

Peritonitis: Inflammation of the peritoneum; a condition marked by exudations in the peritoneum of serum, fibrin, cells, and pus. It is attended by abdominal pain and tenderness, constipation, vomiting, and moderate fever. [EU]

Phagocytosis: The engulfing of microorganisms, other cells, and foreign particles by phagocytic cells. [NIH]

Pharmacists: Those persons legally qualified by education and training to engage in the practice of pharmacy. [NIH]

Pharmacologic: Pertaining to pharmacology or to the properties and reactions of drugs. [EU]

Pharynx: The hollow tube about 5 inches long that starts behind the nose and ends at the top of the trachea (windpipe) and esophagus (the tube that goes to the stomach). [NIH]

Physical Examination: Systematic and thorough inspection of the patient for physical signs of disease or abnormality. [NIH]

Physical Fitness: A state of well-being in which performance is optimal, often as a result of physical conditioning which may be prescribed for disease therapy. [NIH]

Physical Therapy: The restoration of function and the prevention of disability following disease or injury with the use of light, heat, cold, water, electricity, ultrasound, and exercise. [NIH]

Physiologic: Having to do with the functions of the body. When used in the phrase "physiologic age," it refers to an age assigned by general health, as opposed to calendar age. [NIH]

Physiology: The science that deals with the life processes and functions of organismus, their cells, tissues, and organs. [NIH]

Plants: Multicellular, eukaryotic life forms of the kingdom Plantae. They are characterized by a mainly photosynthetic mode of nutrition; essentially unlimited growth at localized regions of cell divisions (meristems); cellulose within cells providing rigidity; the absence of organs of locomotion; absence of nervous and sensory systems; and an alteration of haploid and diploid generations. [NIH]

Plasma: The clear, yellowish, fluid part of the blood that carries the blood cells. The proteins that form blood clots are in plasma. [NIH]

Plasma cells: A type of white blood cell that produces antibodies. [NIH]

Plasmids: Any extrachromosomal hereditary determinant. Plasmids are self-replicating circular molecules of DNA that are found in a variety of bacterial, archaeal, fungal, algal, and plant species. [NIH]

Platinum: Platinum. A heavy, soft, whitish metal, resembling tin, atomic number 78, atomic weight 195.09, symbol Pt. (From Dorland, 28th ed) It is used in manufacturing equipment for laboratory and industrial use. It occurs as a black powder (platinum black) and as a spongy substance (spongy platinum) and may have been known in Pliny's time as "alutiae". [NIH]

Pledget: A plug used to occlude an orifice in the control of bleeding, or to mop up secretions; an absorbent pad. [NIH]

Pneumonia: Inflammation of the lungs. [NIH]

Podiatry: A specialty concerned with the diagnosis and treatment of foot disorders and injuries and anatomic defects of the foot. [NIH]

Podophyllin: Caustic extract from the roots of *Podophyllum peltatum* and *P. emodi*. It contains podophyllotoxin and its congeners and is very irritating to mucous membranes and skin. Podophyllin is a violent purgative that may cause CNS damage and teratogenesis. It is used as a paint for warts, skin neoplasms, and senile keratoses. [NIH]

Podophyllotoxin: The main active constituent of the resin from the roots of may apple or mandrake (*Podophyllum peltatum* and *P. emodi*). It is a potent spindle poison, toxic if taken

internally, and has been used as a cathartic. It is very irritating to skin and mucous membranes, has keratolytic actions, has been used to treat warts and keratoses, and may have antineoplastic properties, as do some of its congeners and derivatives. [NIH]

Policy Making: The decision process by which individuals, groups or institutions establish policies pertaining to plans, programs or procedures. [NIH]

Polyethylene: A vinyl polymer made from ethylene. It can be branched or linear. Branched or low-density polyethylene is tough and pliable but not to the same degree as linear polyethylene. Linear or high-density polyethylene has a greater hardness and tensile strength. Polyethylene is used in a variety of products, including implants and prostheses. [NIH]

Polymerase: An enzyme which catalyses the synthesis of DNA using a single DNA strand as a template. The polymerase copies the template in the 5'-3' direction provided that sufficient quantities of free nucleotides, dATP and dTTP are present. [NIH]

Polymerase Chain Reaction: In vitro method for producing large amounts of specific DNA or RNA fragments of defined length and sequence from small amounts of short oligonucleotide flanking sequences (primers). The essential steps include thermal denaturation of the double-stranded target molecules, annealing of the primers to their complementary sequences, and extension of the annealed primers by enzymatic synthesis with DNA polymerase. The reaction is efficient, specific, and extremely sensitive. Uses for the reaction include disease diagnosis, detection of difficult-to-isolate pathogens, mutation analysis, genetic testing, DNA sequencing, and analyzing evolutionary relationships. [NIH]

Polymers: Compounds formed by the joining of smaller, usually repeating, units linked by covalent bonds. These compounds often form large macromolecules (e.g., polypeptides, proteins, plastics). [NIH]

Polymorphism: The occurrence together of two or more distinct forms in the same population. [NIH]

Polysaccharide: A type of carbohydrate. It contains sugar molecules that are linked together chemically. [NIH]

Posterior: Situated in back of, or in the back part of, or affecting the back or dorsal surface of the body. In lower animals, it refers to the caudal end of the body. [EU]

Postmenopausal: Refers to the time after menopause. Menopause is the time in a woman's life when menstrual periods stop permanently; also called "change of life." [NIH]

Potassium: An element that is in the alkali group of metals. It has an atomic symbol K, atomic number 19, and atomic weight 39.10. It is the chief cation in the intracellular fluid of muscle and other cells. Potassium ion is a strong electrolyte and it plays a significant role in the regulation of fluid volume and maintenance of the water-electrolyte balance. [NIH]

Potentiates: A degree of synergism which causes the exposure of the organism to a harmful substance to worsen a disease already contracted. [NIH]

Practice Guidelines: Directions or principles presenting current or future rules of policy for the health care practitioner to assist him in patient care decisions regarding diagnosis, therapy, or related clinical circumstances. The guidelines may be developed by government agencies at any level, institutions, professional societies, governing boards, or by the convening of expert panels. The guidelines form a basis for the evaluation of all aspects of health care and delivery. [NIH]

Precancerous: A term used to describe a condition that may (or is likely to) become cancer. Also called premalignant. [NIH]

Precursor: Something that precedes. In biological processes, a substance from which

another, usually more active or mature substance is formed. In clinical medicine, a sign or symptom that heralds another. [EU]

Pregnancy Outcome: Results of conception and ensuing pregnancy, including live birth, stillbirth, spontaneous abortion, induced abortion. The outcome may follow natural or artificial insemination or any of the various reproduction techniques, such as embryo transfer or fertilization in vitro. [NIH]

Pregnancy Tests: Tests to determine whether or not an individual is pregnant. [NIH]

Premalignant: A term used to describe a condition that may (or is likely to) become cancer. Also called precancerous. [NIH]

Prenatal: Existing or occurring before birth, with reference to the fetus. [EU]

Prenatal Care: Care provided the pregnant woman in order to prevent complications, and decrease the incidence of maternal and prenatal mortality. [NIH]

Prepuce: A covering fold of skin; often used alone to designate the preputium penis. [EU]

Presumptive: A treatment based on an assumed diagnosis, prior to receiving confirmatory laboratory test results. [NIH]

Prevalence: The total number of cases of a given disease in a specified population at a designated time. It is differentiated from incidence, which refers to the number of new cases in the population at a given time. [NIH]

Primary Prevention: Prevention of disease or mental disorders in susceptible individuals or populations through promotion of health, including mental health, and specific protection, as in immunization, as distinguished from the prevention of complications or after-effects of existing disease. [NIH]

Private Practice: Practice of a health profession by an individual, offering services on a person-to-person basis, as opposed to group or partnership practice. [NIH]

Private Sector: That distinct portion of the institutional, industrial, or economic structure of a country that is controlled or owned by non-governmental, private interests. [NIH]

Probe: An instrument used in exploring cavities, or in the detection and dilatation of strictures, or in demonstrating the potency of channels; an elongated instrument for exploring or sounding body cavities. [NIH]

Proctocolitis: Inflammation of the rectum and colon. [NIH]

Prodrug: A substance that gives rise to a pharmacologically active metabolite, although not itself active (i. e. an inactive precursor). [NIH]

Product Labeling: Use of written, printed, or graphic materials upon or accompanying a product or its container or wrapper. It includes purpose, effect, description, directions, hazards, warnings, and other relevant information. [NIH]

Program Development: The process of formulating, improving, and expanding educational, managerial, or service-oriented work plans (excluding computer program development). [NIH]

Program Evaluation: Studies designed to assess the efficacy of programs. They may include the evaluation of cost-effectiveness, the extent to which objectives are met, or impact. [NIH]

Progression: Increase in the size of a tumor or spread of cancer in the body. [NIH]

Progressive: Advancing; going forward; going from bad to worse; increasing in scope or severity. [EU]

Projection: A defense mechanism, operating unconsciously, whereby that which is emotionally unacceptable in the self is rejected and attributed (projected) to others. [NIH]

Prolapse: The protrusion of an organ or part of an organ into a natural or artificial orifice. [NIH]

Prophylaxis: An attempt to prevent disease. [NIH]

Proportional: Being in proportion : corresponding in size, degree, or intensity, having the same or a constant ratio; of, relating to, or used in determining proportions. [EU]

Prospective study: An epidemiologic study in which a group of individuals (a cohort), all free of a particular disease and varying in their exposure to a possible risk factor, is followed over a specific amount of time to determine the incidence rates of the disease in the exposed and unexposed groups. [NIH]

Prostate: A gland in males that surrounds the neck of the bladder and the urethra. It secretes a substance that liquifies coagulated semen. It is situated in the pelvic cavity behind the lower part of the pubic symphysis, above the deep layer of the triangular ligament, and rests upon the rectum. [NIH]

Prostate gland: A gland in the male reproductive system just below the bladder. It surrounds part of the urethra, the canal that empties the bladder, and produces a fluid that forms part of semen. [NIH]

Prostitution: The practice of indulging in promiscuous sexual relations for money. [NIH]

Protease: Proteinase (= any enzyme that catalyses the splitting of interior peptide bonds in a protein). [EU]

Protein S: The vitamin K-dependent cofactor of activated protein C. Together with protein C, it inhibits the action of factors VIIIa and Va. A deficiency in protein S can lead to recurrent venous and arterial thrombosis. [NIH]

Proteins: Polymers of amino acids linked by peptide bonds. The specific sequence of amino acids determines the shape and function of the protein. [NIH]

Proteinuria: The presence of protein in the urine, indicating that the kidneys are not working properly. [NIH]

Protons: Stable elementary particles having the smallest known positive charge, found in the nuclei of all elements. The proton mass is less than that of a neutron. A proton is the nucleus of the light hydrogen atom, i.e., the hydrogen ion. [NIH]

Protozoa: A subkingdom consisting of unicellular organisms that are the simplest in the animal kingdom. Most are free living. They range in size from submicroscopic to macroscopic. Protozoa are divided into seven phyla: Sarcomastigophora, Labyrinthomorpha, Apicomplexa, Microspora, Ascetosporea, Myxozoa, and Ciliophora. [NIH]

Protozoan: 1. Any individual of the protozoa; protozoon. 2. Of or pertaining to the protozoa; protozoal. [EU]

Proximal: Nearest; closer to any point of reference; opposed to distal. [EU]

Pruritic: Pertaining to or characterized by pruritus. [EU]

Psoriasis: A common genetically determined, chronic, inflammatory skin disease characterized by rounded erythematous, dry, scaling patches. The lesions have a predilection for nails, scalp, genitalia, extensor surfaces, and the lumbosacral region. Accelerated epidermopoiesis is considered to be the fundamental pathologic feature in psoriasis. [NIH]

Psychiatric: Pertaining to or within the purview of psychiatry. [EU]

Psychiatry: The medical science that deals with the origin, diagnosis, prevention, and treatment of mental disorders. [NIH]

Psychic: Pertaining to the psyche or to the mind; mental. [EU]

Psychoactive: Those drugs which alter sensation, mood, consciousness or other psychological or behavioral functions. [NIH]

Puberty: The period during which the secondary sex characteristics begin to develop and the capability of sexual reproduction is attained. [EU]

Public Health: Branch of medicine concerned with the prevention and control of disease and disability, and the promotion of physical and mental health of the population on the international, national, state, or municipal level. [NIH]

Public Opinion: The attitude of a significant portion of a population toward any given proposition, based upon a measurable amount of factual evidence, and involving some degree of reflection, analysis, and reasoning. [NIH]

Public Policy: A course or method of action selected, usually by a government, from among alternatives to guide and determine present and future decisions. [NIH]

Pulmonary: Relating to the lungs. [NIH]

Pulmonary Artery: The short wide vessel arising from the conus arteriosus of the right ventricle and conveying unaerated blood to the lungs. [NIH]

Pulmonary Edema: An accumulation of an excessive amount of watery fluid in the lungs, may be caused by acute exposure to dangerous concentrations of irritant gasses. [NIH]

Pulse: The rhythmical expansion and contraction of an artery produced by waves of pressure caused by the ejection of blood from the left ventricle of the heart as it contracts. [NIH]

Punishment: The application of an unpleasant stimulus or penalty for the purpose of eliminating or correcting undesirable behavior. [NIH]

Purgative: 1. Cathartic (def. 1); causing evacuation of the bowels. 2. A cathartic, particularly one that stimulates peristaltic action. [EU]

Purulent: Consisting of or containing pus; associated with the formation of or caused by pus. [EU]

Pyelonephritis: Inflammation of the kidney and its pelvis, beginning in the interstitium and rapidly extending to involve the tubules, glomeruli, and blood vessels; due to bacterial infection. [EU]

Pyogenic: Producing pus; pyopoietic (= liquid inflammation product made up of cells and a thin fluid called liquor puris). [EU]

Quinolones: Quinolines which are substituted in any position by one or more oxo groups. These compounds can have any degree of hydrogenation, any substituents, and fused ring systems. [NIH]

Race: A population within a species which exhibits general similarities within itself, but is both discontinuous and distinct from other populations of that species, though not sufficiently so as to achieve the status of a taxon. [NIH]

Radiation: Emission or propagation of electromagnetic energy (waves/rays), or the waves/rays themselves; a stream of electromagnetic particles (electrons, neutrons, protons, alpha particles) or a mixture of these. The most common source is the sun. [NIH]

Radioactive: Giving off radiation. [NIH]

Radioactivity: The quality of emitting or the emission of corpuscular or electromagnetic radiations consequent to nuclear disintegration, a natural property of all chemical elements of atomic number above 83, and possible of induction in all other known elements. [EU]

Radioimmunoassay: Classic quantitative assay for detection of antigen-antibody reactions using a radioactively labeled substance (radioligand) either directly or indirectly to measure

the binding of the unlabeled substance to a specific antibody or other receptor system. Non-immunogenic substances (e.g., haptens) can be measured if coupled to larger carrier proteins (e.g., bovine gamma-globulin or human serum albumin) capable of inducing antibody formation. [NIH]

Randomized: Describes an experiment or clinical trial in which animal or human subjects are assigned by chance to separate groups that compare different treatments. [NIH]

Randomized clinical trial: A study in which the participants are assigned by chance to separate groups that compare different treatments; neither the researchers nor the participants can choose which group. Using chance to assign people to groups means that the groups will be similar and that the treatments they receive can be compared objectively. At the time of the trial, it is not known which treatment is best. It is the patient's choice to be in a randomized trial. [NIH]

Rape: Unlawful sexual intercourse without consent of the victim. [NIH]

Rationalization: A defense mechanism operating unconsciously, in which the individual attempts to justify or make consciously tolerable, by plausible means, feelings, behavior, and motives that would otherwise be intolerable. [NIH]

Reagent: A substance employed to produce a chemical reaction so as to detect, measure, produce, etc., other substances. [EU]

Receptor: A molecule inside or on the surface of a cell that binds to a specific substance and causes a specific physiologic effect in the cell. [NIH]

Rectal: By or having to do with the rectum. The rectum is the last 8 to 10 inches of the large intestine and ends at the anus. [NIH]

Rectum: The last 8 to 10 inches of the large intestine. [NIH]

Recurrence: The return of a sign, symptom, or disease after a remission. [NIH]

Red blood cells: RBCs. Cells that carry oxygen to all parts of the body. Also called erythrocytes. [NIH]

Refer: To send or direct for treatment, aid, information, or decision. [NIH]

Reflux: The term used when liquid backs up into the esophagus from the stomach. [NIH]

Refraction: A test to determine the best eyeglasses or contact lenses to correct a refractive error (myopia, hyperopia, or astigmatism). [NIH]

Refractory: Not readily yielding to treatment. [EU]

Regimen: A treatment plan that specifies the dosage, the schedule, and the duration of treatment. [NIH]

Rehabilitation Centers: Facilities which provide programs for rehabilitating the mentally or physically disabled individuals. [NIH]

Reinfection: A second infection by the same pathogenic agent, or a second infection of an organ such as the kidney by a different pathogenic agent. [EU]

Relative risk: The ratio of the incidence rate of a disease among individuals exposed to a specific risk factor to the incidence rate among unexposed individuals; synonymous with risk ratio. Alternatively, the ratio of the cumulative incidence rate in the exposed to the cumulative incidence rate in the unexposed (cumulative incidence ratio). The term relative risk has also been used synonymously with odds ratio. This is because the odds ratio and relative risk approach each other if the disease is rare (5 percent of population) and the number of subjects is large. [NIH]

Remission: A decrease in or disappearance of signs and symptoms of cancer. In partial remission, some, but not all, signs and symptoms of cancer have disappeared. In complete

remission, all signs and symptoms of cancer have disappeared, although there still may be cancer in the body. [NIH]

Renal agenesis: The absence or severe malformation of one or both kidneys. [NIH]

Renal pelvis: The area at the center of the kidney. Urine collects here and is funneled into the ureter, the tube that connects the kidney to the bladder. [NIH]

Reproduction Techniques: Methods pertaining to the generation of new individuals. [NIH]

Reproductive system: In women, this system includes the ovaries, the fallopian tubes, the uterus (womb), the cervix, and the vagina (birth canal). The reproductive system in men includes the prostate, the testes, and the penis. [NIH]

Respiration: The act of breathing with the lungs, consisting of inspiration, or the taking into the lungs of the ambient air, and of expiration, or the expelling of the modified air which contains more carbon dioxide than the air taken in (Blakiston's Gould Medical Dictionary, 4th ed.). This does not include tissue respiration (= oxygen consumption) or cell respiration (= cell respiration). [NIH]

Restoration: Broad term applied to any inlay, crown, bridge or complete denture which restores or replaces loss of teeth or oral tissues. [NIH]

Resuscitation: The restoration to life or consciousness of one apparently dead; it includes such measures as artificial respiration and cardiac massage. [EU]

Retrospective: Looking back at events that have already taken place. [NIH]

Retrospective study: A study that looks backward in time, usually using medical records and interviews with patients who already have or had a disease. [NIH]

Retrovirus: A member of a group of RNA viruses, the RNA of which is copied during viral replication into DNA by reverse transcriptase. The viral DNA is then able to be integrated into the host chromosomal DNA. [NIH]

Rigidity: Stiffness or inflexibility, chiefly that which is abnormal or morbid; rigor. [EU]

Risk factor: A habit, trait, condition, or genetic alteration that increases a person's chance of developing a disease. [NIH]

Risk-Taking: Undertaking a task involving a challenge for achievement or a desirable goal in which there is a lack of certainty or a fear of failure. It may also include the exhibiting of certain behaviors whose outcomes may present a risk to the individual or to those associated with him or her. [NIH]

Rod: A reception for vision, located in the retina. [NIH]

Rubber: A high-molecular-weight polymeric elastomer derived from the milk juice (latex) of *Hevea brasiliensis* and other trees. It is a substance that can be stretched at room temperature to at least twice its original length and after releasing the stress, retract rapidly, and recover its original dimensions fully. Synthetic rubber is made from many different chemicals, including styrene, acrylonitrile, ethylene, propylene, and isoprene. [NIH]

Safe Sex: Sex behavior that prevents or decreases the spread of sexually transmitted diseases or pregnancy. [NIH]

Saliva: The clear, viscous fluid secreted by the salivary glands and mucous glands of the mouth. It contains mucins, water, organic salts, and ptylin. [NIH]

Salivary: The duct that convey saliva to the mouth. [NIH]

Salivary glands: Glands in the mouth that produce saliva. [NIH]

Salpingitis: 1. Inflammation of the uterine tube. 2. Inflammation of the auditory tube. [EU]

Sarcoma: A connective tissue neoplasm formed by proliferation of mesodermal cells; it is

usually highly malignant. [NIH]

Scabies: A contagious cutaneous inflammation caused by the bite of the mite *Sarcoptes scabiei*. It is characterized by pruritic papular eruptions and burrows and affects primarily the axillae, elbows, wrists, and genitalia, although it can spread to cover the entire body. [NIH]

Schizoid: Having qualities resembling those found in greater degree in schizophrenics; a person of schizoid personality. [NIH]

Schizophrenia: A mental disorder characterized by a special type of disintegration of the personality. [NIH]

Schizotypal Personality Disorder: A personality disorder in which there are oddities of thought (magical thinking, paranoid ideation, suspiciousness), perception (illusions, depersonalization), speech (digressive, vague, overelaborate), and behavior (inappropriate affect in social interactions, frequently social isolation) that are not severe enough to characterize schizophrenia. [NIH]

Sclerosis: A pathological process consisting of hardening or fibrosis of an anatomical structure, often a vessel or a nerve. [NIH]

Screening: Checking for disease when there are no symptoms. [NIH]

Scrotum: In males, the external sac that contains the testicles. [NIH]

Secondary tumor: Cancer that has spread from the organ in which it first appeared to another organ. For example, breast cancer cells may spread (metastasize) to the lungs and cause the growth of a new tumor. When this happens, the disease is called metastatic breast cancer, and the tumor in the lungs is called a secondary tumor. Also called secondary cancer. [NIH]

Secretion: 1. The process of elaborating a specific product as a result of the activity of a gland; this activity may range from separating a specific substance of the blood to the elaboration of a new chemical substance. 2. Any substance produced by secretion. [EU]

Sediment: A precipitate, especially one that is formed spontaneously. [EU]

Segregation: The separation in meiotic cell division of homologous chromosome pairs and their contained allelomorphous gene pairs. [NIH]

Seizures: Clinical or subclinical disturbances of cortical function due to a sudden, abnormal, excessive, and disorganized discharge of brain cells. Clinical manifestations include abnormal motor, sensory and psychic phenomena. Recurrent seizures are usually referred to as epilepsy or "seizure disorder." [NIH]

Selection Bias: The introduction of error due to systematic differences in the characteristics between those selected and those not selected for a given study. In sampling bias, error is the result of failure to ensure that all members of the reference population have a known chance of selection in the sample. [NIH]

Self Administration: Administration of a drug or chemical by the individual under the direction of a physician. It includes administration clinically or experimentally, by human or animal. [NIH]

Self Care: Performance of activities or tasks traditionally performed by professional health care providers. The concept includes care of oneself or one's family and friends. [NIH]

Self Medication: The self administration of medication not prescribed by a physician or in a manner not directed by a physician. [NIH]

Semen: The thick, yellowish-white, viscid fluid secretion of male reproductive organs discharged upon ejaculation. In addition to reproductive organ secretions, it contains

spermatozoa and their nutrient plasma. [NIH]

Seminal fluid: Fluid from the prostate and other sex glands that helps transport sperm out of the man's body during orgasm. Seminal fluid contains sugar as an energy source for sperm. [NIH]

Senile: Relating or belonging to old age; characteristic of old age; resulting from infirmity of old age. [NIH]

Sensitization: 1. Administration of antigen to induce a primary immune response; priming; immunization. 2. Exposure to allergen that results in the development of hypersensitivity. 3. The coating of erythrocytes with antibody so that they are subject to lysis by complement in the presence of homologous antigen, the first stage of a complement fixation test. [EU]

Sequencing: The determination of the order of nucleotides in a DNA or RNA chain. [NIH]

Serologic: Analysis of a person's serum, especially specific immune or lytic serums. [NIH]

Serologic Tests: Diagnostic procedures involving immunoglobulin reactions. [NIH]

Serum: The clear liquid part of the blood that remains after blood cells and clotting proteins have been removed. [NIH]

Serum Albumin: A major plasma protein that serves in maintaining the plasma colloidal osmotic pressure and transporting large organic anions. [NIH]

Sex Behavior: Sexual activities of humans. [NIH]

Sex Characteristics: Those characteristics that distinguish one sex from the other. The primary sex characteristics are the ovaries and testes and their related hormones. Secondary sex characteristics are those which are masculine or feminine but not directly related to reproduction. [NIH]

Sex Distribution: The number of males and females in a given population. The distribution may refer to how many men or women or what proportion of either in the group. The population is usually patients with a specific disease but the concept is not restricted to humans and is not restricted to medicine. [NIH]

Sex Education: Education which increases the knowledge of the functional, structural, and behavioral aspects of human reproduction. [NIH]

Sexual Abstinence: Refraining from sexual intercourse. [NIH]

Sexual Partners: Married or single individuals who share sexual relations. [NIH]

Sexually Transmitted Diseases: Diseases due to or propagated by sexual contact. [NIH]

Side effect: A consequence other than the one(s) for which an agent or measure is used, as the adverse effects produced by a drug, especially on a tissue or organ system other than the one sought to be benefited by its administration. [EU]

Skeletal: Having to do with the skeleton (boney part of the body). [NIH]

Skeleton: The framework that supports the soft tissues of vertebrate animals and protects many of their internal organs. The skeletons of vertebrates are made of bone and/or cartilage. [NIH]

Skin Neoplasms: Tumors or cancer of the skin. [NIH]

Small intestine: The part of the digestive tract that is located between the stomach and the large intestine. [NIH]

Smoking Cessation: Discontinuation of the habit of smoking, the inhaling and exhaling of tobacco smoke. [NIH]

Sneezing: Sudden, forceful, involuntary expulsion of air from the nose and mouth caused by irritation to the mucous membranes of the upper respiratory tract. [NIH]

Social Environment: The aggregate of social and cultural institutions, forms, patterns, and processes that influence the life of an individual or community. [NIH]

Social Support: Support systems that provide assistance and encouragement to individuals with physical or emotional disabilities in order that they may better cope. Informal social support is usually provided by friends, relatives, or peers, while formal assistance is provided by churches, groups, etc. [NIH]

Socialization: The training or molding of an individual through various relationships, educational agencies, and social controls, which enables him to become a member of a particular society. [NIH]

Sodium: An element that is a member of the alkali group of metals. It has the atomic symbol Na, atomic number 11, and atomic weight 23. With a valence of 1, it has a strong affinity for oxygen and other nonmetallic elements. Sodium provides the chief cation of the extracellular body fluids. Its salts are the most widely used in medicine. (From Dorland, 27th ed) Physiologically the sodium ion plays a major role in blood pressure regulation, maintenance of fluid volume, and electrolyte balance. [NIH]

Solvent: 1. Dissolving; effecting a solution. 2. A liquid that dissolves or that is capable of dissolving; the component of a solution that is present in greater amount. [EU]

Somatic: 1. Pertaining to or characteristic of the soma or body. 2. Pertaining to the body wall in contrast to the viscera. [EU]

Specialist: In medicine, one who concentrates on 1 special branch of medical science. [NIH]

Species: A taxonomic category subordinate to a genus (or subgenus) and superior to a subspecies or variety, composed of individuals possessing common characters distinguishing them from other categories of individuals of the same taxonomic level. In taxonomic nomenclature, species are designated by the genus name followed by a Latin or Latinized adjective or noun. [EU]

Specificity: Degree of selectivity shown by an antibody with respect to the number and types of antigens with which the antibody combines, as well as with respect to the rates and the extents of these reactions. [NIH]

Spectrum: A charted band of wavelengths of electromagnetic vibrations obtained by refraction and diffraction. By extension, a measurable range of activity, such as the range of bacteria affected by an antibiotic (antibacterial s.) or the complete range of manifestations of a disease. [EU]

Sperm: The fecundating fluid of the male. [NIH]

Spermicide: An agent that is destructive to spermatozoa. [EU]

Sphincter: A ringlike band of muscle fibres that constricts a passage or closes a natural orifice; called also musculus sphincter. [EU]

Spina bifida: A defect in development of the vertebral column in which there is a central deficiency of the vertebral lamina. [NIH]

Spinal cord: The main trunk or bundle of nerves running down the spine through holes in the spinal bone (the vertebrae) from the brain to the level of the lower back. [NIH]

Spinal tap: A procedure in which a needle is put into the lower part of the spinal column to collect cerebrospinal fluid or to give anticancer drugs intrathecally. Also called a lumbar puncture. [NIH]

Spirochete: Lyme disease. [NIH]

Spleen: An organ that is part of the lymphatic system. The spleen produces lymphocytes, filters the blood, stores blood cells, and destroys old blood cells. It is located on the left side

of the abdomen near the stomach. [NIH]

Spontaneous Abortion: The non-induced birth of an embryo or of fetus prior to the stage of viability at about 20 weeks of gestation. [NIH]

Sports Medicine: The field of medicine concerned with physical fitness and the diagnosis and treatment of injuries sustained in sports activities. [NIH]

Sprayer: A device for converting a medicated liquid into a vapor for inhalation; an instrument for applying a spray which is a jet of fine medicated vapor used either as an application to a diseased part or to charge the air of a room with a disinfectant. [NIH]

Squamous: Scaly, or platelike. [EU]

Squamous cells: Flat cells that look like fish scales under a microscope. These cells cover internal and external surfaces of the body. [NIH]

Squamous intraepithelial lesion: SIL. A general term for the abnormal growth of squamous cells on the surface of the cervix. The changes in the cells are described as low grade or high grade, depending on how much of the cervix is affected and how abnormal the cells appear. [NIH]

Sterile: Unable to produce children. [NIH]

Sterility: 1. The inability to produce offspring, i.e., the inability to conceive (female s.) or to induce conception (male s.). 2. The state of being aseptic, or free from microorganisms. [EU]

Steroid: A group name for lipids that contain a hydrogenated cyclopentanoperhydrophenanthrene ring system. Some of the substances included in this group are progesterone, adrenocortical hormones, the gonadal hormones, cardiac aglycones, bile acids, sterols (such as cholesterol), toad poisons, saponins, and some of the carcinogenic hydrocarbons. [EU]

Stillbirth: The birth of a dead fetus or baby. [NIH]

Stimulus: That which can elicit or evoke action (response) in a muscle, nerve, gland or other excitable issue, or cause an augmenting action upon any function or metabolic process. [NIH]

Stomach: An organ of digestion situated in the left upper quadrant of the abdomen between the termination of the esophagus and the beginning of the duodenum. [NIH]

Stool: The waste matter discharged in a bowel movement; feces. [NIH]

Strand: DNA normally exists in the bacterial nucleus in a helix, in which two strands are coiled together. [NIH]

Streptococci: A genus of spherical Gram-positive bacteria occurring in chains or pairs. They are widely distributed in nature, being important pathogens but often found as normal commensals in the mouth, skin, and intestine of humans and other animals. [NIH]

Streptococcus: A genus of gram-positive, coccoid bacteria whose organisms occur in pairs or chains. No endospores are produced. Many species exist as commensals or parasites on man or animals with some being highly pathogenic. A few species are saprophytes and occur in the natural environment. [NIH]

Streptomycin: O-2-Deoxy-2-(methylamino)-alpha-L-glucopyranosyl-(1-2)-O-5-deoxy-3-C-formyl-alpha-L-lyxofuranosyl-(1-4)-N,N'-bis-(aminoiminomethyl)-D-streptamine. Antibiotic substance produced by the soil actinomycete *Streptomyces griseus*. It acts by inhibiting the initiation and elongation processes during protein synthesis. [NIH]

Stress: Forcibly exerted influence; pressure. Any condition or situation that causes strain or tension. Stress may be either physical or psychologic, or both. [NIH]

Stress urinary: Leakage of urine caused by actions--such as coughing, laughing, sneezing, running, or lifting--that place pressure on the bladder from inside the body. Stress urinary

incontinence can result from either a fallen bladder or weak sphincter muscles. [NIH]

Stroke: Sudden loss of function of part of the brain because of loss of blood flow. Stroke may be caused by a clot (thrombosis) or rupture (hemorrhage) of a blood vessel to the brain. [NIH]

Struvite: A type of kidney stone caused by infection. [NIH]

Styrene: A colorless, toxic liquid with a strong aromatic odor. It is used to make rubbers, polymers and copolymers, and polystyrene plastics. [NIH]

Subacute: Somewhat acute; between acute and chronic. [EU]

Subclinical: Without clinical manifestations; said of the early stage(s) of an infection or other disease or abnormality before symptoms and signs become apparent or detectable by clinical examination or laboratory tests, or of a very mild form of an infection or other disease or abnormality. [EU]

Subculture: A culture derived from another culture or the aseptic division and transfer of a culture or a portion of that culture (inoculum) to fresh nutrient medium. [NIH]

Subcutaneous: Beneath the skin. [NIH]

Subspecies: A category intermediate in rank between species and variety, based on a smaller number of correlated characters than are used to differentiate species and generally conditioned by geographical and/or ecological occurrence. [NIH]

Substance P: An eleven-amino acid neurotransmitter that appears in both the central and peripheral nervous systems. It is involved in transmission of pain, causes rapid contractions of the gastrointestinal smooth muscle, and modulates inflammatory and immune responses. [NIH]

Substrate: A substance upon which an enzyme acts. [EU]

Supplementation: Adding nutrients to the diet. [NIH]

Support group: A group of people with similar disease who meet to discuss how better to cope with their cancer and treatment. [NIH]

Suppositories: A small cone-shaped medicament having cocoa butter or gelatin at its basis and usually intended for the treatment of local conditions in the rectum. [NIH]

Suppuration: A pathologic process consisting in the formation of pus. [NIH]

Surfactant: A fat-containing protein in the respiratory passages which reduces the surface tension of pulmonary fluids and contributes to the elastic properties of pulmonary tissue. [NIH]

Symphysis: A secondary cartilaginous joint. [NIH]

Symptomatic: Having to do with symptoms, which are signs of a condition or disease. [NIH]

Synaptic: Pertaining to or affecting a synapse (= site of functional apposition between neurons, at which an impulse is transmitted from one neuron to another by electrical or chemical means); pertaining to synapsis (= pairing off in point-for-point association of homologous chromosomes from the male and female pronuclei during the early prophase of meiosis). [EU]

Synaptic Transmission: The communication from a neuron to a target (neuron, muscle, or secretory cell) across a synapse. In chemical synaptic transmission, the presynaptic neuron releases a neurotransmitter that diffuses across the synaptic cleft and binds to specific synaptic receptors. These activated receptors modulate ion channels and/or second-messenger systems to influence the postsynaptic cell. Electrical transmission is less common in the nervous system, and, as in other tissues, is mediated by gap junctions. [NIH]

Syphilis: A contagious venereal disease caused by the spirochete *Treponema pallidum*.

[NIH]

Systemic: Affecting the entire body. [NIH]

Systemic disease: Disease that affects the whole body. [NIH]

Systolic: Indicating the maximum arterial pressure during contraction of the left ventricle of the heart. [EU]

Teratogenesis: Production of monstrous growths or fetuses. [NIH]

Testicles: The two egg-shaped glands found inside the scrotum. They produce sperm and male hormones. Also called testes. [NIH]

Testicular: Pertaining to a testis. [EU]

Testis: Either of the paired male reproductive glands that produce the male germ cells and the male hormones. [NIH]

Tetracycline: An antibiotic originally produced by *Streptomyces viridifaciens*, but used mostly in synthetic form. It is an inhibitor of aminoacyl-tRNA binding during protein synthesis. [NIH]

Thalassemia: A group of hereditary hemolytic anemias in which there is decreased synthesis of one or more hemoglobin polypeptide chains. There are several genetic types with clinical pictures ranging from barely detectable hematologic abnormality to severe and fatal anemia. [NIH]

Thermal: Pertaining to or characterized by heat. [EU]

Thigh: A leg; in anatomy, any elongated process or part of a structure more or less comparable to a leg. [NIH]

Thorax: A part of the trunk between the neck and the abdomen; the chest. [NIH]

Threshold: For a specified sensory modality (e. g. light, sound, vibration), the lowest level (absolute threshold) or smallest difference (difference threshold, difference limen) or intensity of the stimulus discernible in prescribed conditions of stimulation. [NIH]

Thrombosis: The formation or presence of a blood clot inside a blood vessel. [NIH]

Thrush: A disease due to infection with species of fungi of the genus *Candida*. [NIH]

Thymus: An organ that is part of the lymphatic system, in which T lymphocytes grow and multiply. The thymus is in the chest behind the breastbone. [NIH]

Ticks: Blood-sucking arachnids of the order Acarina. [NIH]

Tissue: A group or layer of cells that are alike in type and work together to perform a specific function. [NIH]

Tome: A zone produced by a number of irregular spaces contained in the outermost layer of denture of the root of a tooth. [NIH]

Tone: 1. The normal degree of vigour and tension; in muscle, the resistance to passive elongation or stretch; tonus. 2. A particular quality of sound or of voice. 3. To make permanent, or to change, the colour of silver stain by chemical treatment, usually with a heavy metal. [EU]

Tonic: 1. Producing and restoring the normal tone. 2. Characterized by continuous tension. 3. A term formerly used for a class of medicinal preparations believed to have the power of restoring normal tone to tissue. [EU]

Topical: On the surface of the body. [NIH]

Toxic: Having to do with poison or something harmful to the body. Toxic substances usually cause unwanted side effects. [NIH]

Toxicology: The science concerned with the detection, chemical composition, and pharmacologic action of toxic substances or poisons and the treatment and prevention of toxic manifestations. [NIH]

Toxins: Specific, characterizable, poisonous chemicals, often proteins, with specific biological properties, including immunogenicity, produced by microbes, higher plants, or animals. [NIH]

Transcriptase: An enzyme which catalyses the synthesis of a complementary mRNA molecule from a DNA template in the presence of a mixture of the four ribonucleotides (ATP, UTP, GTP and CTP). [NIH]

Transfection: The uptake of naked or purified DNA into cells, usually eukaryotic. It is analogous to bacterial transformation. [NIH]

Transfer Factor: Factor derived from leukocyte lysates of immune donors which can transfer both local and systemic cellular immunity to nonimmune recipients. [NIH]

Transfusion: The infusion of components of blood or whole blood into the bloodstream. The blood may be donated from another person, or it may have been taken from the person earlier and stored until needed. [NIH]

Transmitter: A chemical substance which effects the passage of nerve impulses from one cell to the other at the synapse. [NIH]

Transplantation: Transference of a tissue or organ, alive or dead, within an individual, between individuals of the same species, or between individuals of different species. [NIH]

Trees: Woody, usually tall, perennial higher plants (Angiosperms, Gymnosperms, and some Pterophyta) having usually a main stem and numerous branches. [NIH]

Trichomonas: A genus of parasitic flagellate protozoans distinguished by the presence of four anterior flagella, an undulating membrane, and a trailing flagellum. [NIH]

Trichomonas vaginalis: A species of trichomonas that produces a refractory vaginal discharge in females, as well as bladder and urethral infections in males. [NIH]

Trichomoniasis: An infection with the protozoan parasite *Trichomonas vaginalis*. [NIH]

Tubal ligation: An operation to tie the fallopian tubes closed. This procedure prevents pregnancy by blocking the passage of eggs from the ovaries to the uterus. [NIH]

Ulcer: A localized necrotic lesion of the skin or a mucous surface. [NIH]

Unconscious: Experience which was once conscious, but was subsequently rejected, as the "personal unconscious". [NIH]

Urban Health: The status of health in urban populations. [NIH]

Urban Population: The inhabitants of a city or town, including metropolitan areas and suburban areas. [NIH]

Uremia: The illness associated with the buildup of urea in the blood because the kidneys are not working effectively. Symptoms include nausea, vomiting, loss of appetite, weakness, and mental confusion. [NIH]

Ureters: Tubes that carry urine from the kidneys to the bladder. [NIH]

Urethra: The tube through which urine leaves the body. It empties urine from the bladder. [NIH]

Urethritis: Inflammation of the urethra. [EU]

Urinalysis: Examination of urine by chemical, physical, or microscopic means. Routine urinalysis usually includes performing chemical screening tests, determining specific gravity, observing any unusual color or odor, screening for bacteriuria, and examining the

sediment microscopically. [NIH]

Urinary: Having to do with urine or the organs of the body that produce and get rid of urine. [NIH]

Urinary Calculi: Calculi in any part of the urinary tract. According to their composition or pattern of chemical composition distribution, urinary calculi types may include alternating or combination, cystine, decubitus, encysted, fibrin, hemp seed, matrix, mulberry, oxalate, struvite, urostealith, and xanthic calculi. [NIH]

Urinary tract: The organs of the body that produce and discharge urine. These include the kidneys, ureters, bladder, and urethra. [NIH]

Urinary tract infection: An illness caused by harmful bacteria growing in the urinary tract. [NIH]

Urinate: To release urine from the bladder to the outside. [NIH]

Urine: Fluid containing water and waste products. Urine is made by the kidneys, stored in the bladder, and leaves the body through the urethra. [NIH]

Urogenital: Pertaining to the urinary and genital apparatus; genitourinary. [EU]

Urogenital Diseases: Diseases of the urogenital tract. [NIH]

Urologic Diseases: Diseases of the urinary tract in both male and female. It does not include the male genitalia for which urogenital diseases is used for general discussions of diseases of both the urinary tract and the genitalia. [NIH]

Urology: A surgical specialty concerned with the study, diagnosis, and treatment of diseases of the urinary tract in both sexes and the genital tract in the male. It includes the specialty of andrology which addresses both male genital diseases and male infertility. [NIH]

Uterine Contraction: Contraction of the uterine muscle. [NIH]

Uterus: The small, hollow, pear-shaped organ in a woman's pelvis. This is the organ in which a fetus develops. Also called the womb. [NIH]

Vaccination: Administration of vaccines to stimulate the host's immune response. This includes any preparation intended for active immunological prophylaxis. [NIH]

Vaccine: A substance or group of substances meant to cause the immune system to respond to a tumor or to microorganisms, such as bacteria or viruses. [NIH]

Vagina: The muscular canal extending from the uterus to the exterior of the body. Also called the birth canal. [NIH]

Vaginal: Of or having to do with the vagina, the birth canal. [NIH]

Vaginal Discharge: A common gynecologic disorder characterized by an abnormal, nonbloody discharge from the genital tract. [NIH]

Vaginitis: Inflammation of the vagina characterized by pain and a purulent discharge. [NIH]

Valves: Flap-like structures that control the direction of blood flow through the heart. [NIH]

Vascular: Pertaining to blood vessels or indicative of a copious blood supply. [EU]

Vein: Vessel-carrying blood from various parts of the body to the heart. [NIH]

Venereal: Pertaining or related to or transmitted by sexual contact. [EU]

Venereology: A branch of medicine which deals with sexually transmitted disease. [NIH]

Venous: Of or pertaining to the veins. [EU]

Venules: The minute vessels that collect blood from the capillary plexuses and join together to form veins. [NIH]

Vertebrae: A bony unit of the segmented spinal column. [NIH]

Vertebral: Of or pertaining to a vertebra. [EU]

Vesicoureteral: An abnormal condition in which urine backs up into the ureters, and occasionally into the kidneys, raising the risk of infection. [NIH]

Vesicular: 1. Composed of or relating to small, saclike bodies. 2. Pertaining to or made up of vesicles on the skin. [EU]

Veterinary Medicine: The medical science concerned with the prevention, diagnosis, and treatment of diseases in animals. [NIH]

Video Recording: The storing or preserving of video signals for television to be played back later via a transmitter or receiver. Recordings may be made on magnetic tape or discs (videodisc recording). [NIH]

Videodisc Recording: The storing of visual and usually sound signals on discs for later reproduction on a television screen or monitor. [NIH]

Viral: Pertaining to, caused by, or of the nature of virus. [EU]

Viral Hepatitis: Hepatitis caused by a virus. Five different viruses (A, B, C, D, and E) most commonly cause this form of hepatitis. Other rare viruses may also cause hepatitis. [NIH]

Virus: Submicroscopic organism that causes infectious disease. In cancer therapy, some viruses may be made into vaccines that help the body build an immune response to, and kill, tumor cells. [NIH]

Vitro: Descriptive of an event or enzyme reaction under experimental investigation occurring outside a living organism. Parts of an organism or microorganism are used together with artificial substrates and/or conditions. [NIH]

Vulva: The external female genital organs, including the clitoris, vaginal lips, and the opening to the vagina. [NIH]

War: Hostile conflict between organized groups of people. [NIH]

Warts: Benign epidermal proliferations or tumors; some are viral in origin. [NIH]

Wetting Agents: A surfactant that renders a surface wettable by water or enhances the spreading of water over the surface; used in foods and cosmetics; important in contrast media; also with contact lenses, dentures, and some prostheses. Synonyms: humectants; hydrating agents. [NIH]

White blood cell: A type of cell in the immune system that helps the body fight infection and disease. White blood cells include lymphocytes, granulocytes, macrophages, and others. [NIH]

Withdrawal: 1. A pathological retreat from interpersonal contact and social involvement, as may occur in schizophrenia, depression, or schizoid avoidant and schizotypal personality disorders. 2. (DSM III-R) A substance-specific organic brain syndrome that follows the cessation of use or reduction in intake of a psychoactive substance that had been regularly used to induce a state of intoxication. [EU]

Womb: A hollow, thick-walled, muscular organ in which the impregnated ovum is developed into a child. [NIH]

Zygote: The fertilized ovum. [NIH]

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