

Young Women Uneducated About STD Testing

BY MELINDA TANZOLA

ATLANTA — Many young women are uncomfortable talking to their health care providers about their sexual health and lack accurate information about the STD testing process, based on the results of a survey on STD testing beliefs.

In the study presented at a conference on STD prevention sponsored by the Centers for Disease Control and Prevention, Dr. Heather R. Royer of the University of Wisconsin, Madison, recruited 302 women aged 18-24 years.

Participants were an average of 20 years old; 78% were white, 13% were nonwhite, 5% were multiple races, and 4% unknown. The group was well educated, with 75% having some college or technical school experience. Nearly two-thirds of participants (62%) had undergone any prior STD testing, with 13% (44 women) having been diagnosed with an STD, including 23 with HPV and 13 with chlamydia.

The vast majority of respondents

VITALS

Major Finding: Women who had never been tested were more than twice as likely as those who had been tested to respond that they felt embarrassed about discussing STD testing (OR, 2.37), that talking about STD testing is difficult (OR, 2.48), or that filling out forms about their sexual past is embarrassing (OR, 2.06).

Data Source: A prospective survey on STD testing beliefs involving 302 women aged 18-24 years.

Disclosures: Dr. Royer said that she had no conflicts of interest.

(84%) said that they would rather not go to their family doctor for STD testing; 79% said that it is easier to talk with an STD testing specialist than with a family doctor. Moreover, 88% said that it is easier to talk with a female health care provider than a male.

Nearly a quarter of participants said that they feel embarrassed about talking with a health care provider about STD testing (23%) and that talking with a

health care provider about STD testing is difficult (22%).

Dr. Royer found significant associations between never having been tested for STDs and reporting embarrassment about sexual health communication. Women who had never been tested were more than twice as likely as those who had been tested to respond that they feel embarrassed about discussing STD testing (odds ratio, 2.37); that talking about STD testing is difficult (OR, 2.48); or that filling out forms about their sexual past is embarrassing (OR, 2.06).

Women also lacked knowledge about the STD testing process: 41% assumed that STD testing includes screening for "all STDs."

Regarding specific pathogens, participants thought that testing would include chlamydia (51%), gonorrhea (47%), syphilis (29%), *Trichomonas* species (21%), herpes simplex virus (28%), HPV (18%),

HIV/AIDS (16%), and hepatitis B (13%).

In an interview, Dr. Royer explained that if women seeking STD testing believe that they are being tested for "all STDs," they may inaccurately believe that they have tested negative for pathogens that have not been included, such as HIV or herpes.

Many women also thought that if the health care provider performs a Pap smear, they are being tested for STDs.

"It is striking that a quarter of women think that they are being tested for chlamydia and gonorrhea during a Pap smear," Dr. Royer said.

Finally, many women believed that STDs could be detected by a visual inspection of the genital area.

Dr. Royer concluded that health care providers must be cognizant of women's discomfort in discussing their sexual health. "Providers should consider ways to help young women reframe the sexual health discussion from one of embarrassment to one of empowerment," she concluded. ■

Green Tea Ointment Seems Effective for Genital Warts

BY BRUCE JANCIN

WAIKOLOA, HAWAII — Sinecatechins ointment 15%—the first botanical approved by the Food and Drug Administration for prescription use—outperformed imiquimod cream 5% for treatment of external genital warts in a new cost-effectiveness analysis.

The analysis by Paul C. Langley, Ph.D., of the University of Minnesota, Minneapolis, used pharmacoeconomic modeling based on data from the two phase III, double-blind, vehicle-controlled, randomized trials of sinecatechins ointment 15% (Veregen) that included more than 1,000 patients, along with a systematic review of the published imiquimod (Aldara) literature, Dr. Brian Berman said at the annual Hawaii dermatology seminar sponsored by Skin Disease Education Foundation.

As first-line therapy, the botanical was the winner with a sustained clearance rate of 51.9%, compared with 40.6% with imiquimod. Average treatment cost was lower, at \$774 compared with \$930. The cost per successful outcome was \$1,492 with sinecatechins ointment and \$2,289 with imiquimod (J. Med. Econ. 2010;13:1-7).

Factoring in the additional cost of second-line ablative therapy for patients who didn't respond to the initial topical regimen, the average cost of treatment climbed to \$943 in the sinecatechins arm and \$1,138 in the imiquimod group.

"Take this cost-effectiveness analysis with a grain of salt. I find cost-effectiveness analyses are usually paid for by the product that does well, as was the case here," observed Dr. Berman, professor of dermatology at the University of Miami.

Sinecatechins ointment 15% is a green tea extract, the chief antioxidant component of which is epigallocatechin gallate. The botanical is approved as prescription therapy for both external genital and perianal warts.

Sinecatechins ointment was significantly more effective in women than in men. Clearance of all warts by week 16 occurred in 60.4% of women and 47.3% of men.

The recurrence rate was remarkably low: just 6.8% during 12 weeks of follow-up after completing the 16 weeks on sinecatechins. "Most studies of other agents have 20%-50% recurrence rates," the dermatologist noted.

Also noteworthy was the fact that the recurrence rate in the control group was even lower, at 5.9%. "It turns out there's an irritant in the vehicle. Whether that has something to do with the low recurrence rate is not clear," Dr. Berman said. ■

Disclosures: Dr. Berman disclosed financial relationships with Graceway Pharmaceuticals (Aldara) and PharmaDerm (Veregen). SDEF and this news organization are owned by Elsevier.

Seroprevalence of HSV-2 Is 48% Among African American Women

BY MELINDA TANZOLA

ATLANTA — About one in six Americans aged 14-49 years is infected with herpes simplex virus type 2 (HSV-2), and 81% of these individuals are unaware of their infection, according to data presented at a conference on STD prevention sponsored by the Centers for Disease Control and Prevention.

The overall seroprevalence of HSV-2 in a national survey conducted from 2005 to 2008 was 16%, with women and African Americans disproportionately affected. Rates of infection were almost twice as high in women than in men (21% vs. 12%) and were more than three times higher in African Americans than in whites (39% vs. 12%). The population most affected was African American women, who had a herpes prevalence of 48%.

"As stark as these disparities are, they are not substantially different from CDC's previous estimates of these populations," said the lead study author, La'Shan Taylor, Dr.PH., an Epidemic Intelligence Service officer at the CDC.

These estimates, based on data gathered from 7,293 participants in the National Health and Nutrition Examination Survey (NHANES), indicate that the prevalence of HSV-2 has remained stable since the 1999-2004 estimate of 17%, which had followed a decreasing trend in herpes prevalence that had occurred in the last decade, down from 21% in 1988-1994.

The prevalence of HSV-2 increases with age, from 1.4% among 14- to 19-year-olds to 26% among 40- to 49-year-olds, reflecting

the lifelong, incurable nature of the infection. Those with a higher number of lifetime sex partners were also more likely to have HSV-2 infection, with the prevalence ranging from 4% among those with 1 lifetime sex partner to 27% in those with 10 or more partners.

Biological factors among women may increase their susceptibility to HSV-2 infection, and that complex social, biological, and environmental factors could contribute to the higher HSV-2 prevalence among African Americans, Dr. Taylor

explained. "Once this disparity exists, herpes infections are likely perpetuated because of the higher prevalence of infections within black communities," she said.

Dr. John M. Douglas, director of CDC's Division of STD Prevention, commented that the high prevalence of herpes in African Americans is particularly concerning given the linkage between HSV-2 infection and HIV. Studies have shown that individuals with genital herpes are two to three times more likely to acquire HIV infection, and that HSV-2 coinfection increases the likelihood of transmitting HIV. Dr. Douglas suggested that the high rates of genital herpes among African Americans might be contributing to the high rates of HIV in this population.

And because visible sores are not necessary for transmission, "many individuals are transmitting herpes to others without even knowing it," Dr. Douglas said. ■

Disclosures: Dr. Douglas and Dr. Taylor have no conflicts of interest related to this study, according to a spokesperson for the CDC.



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DR. DOUGLAS