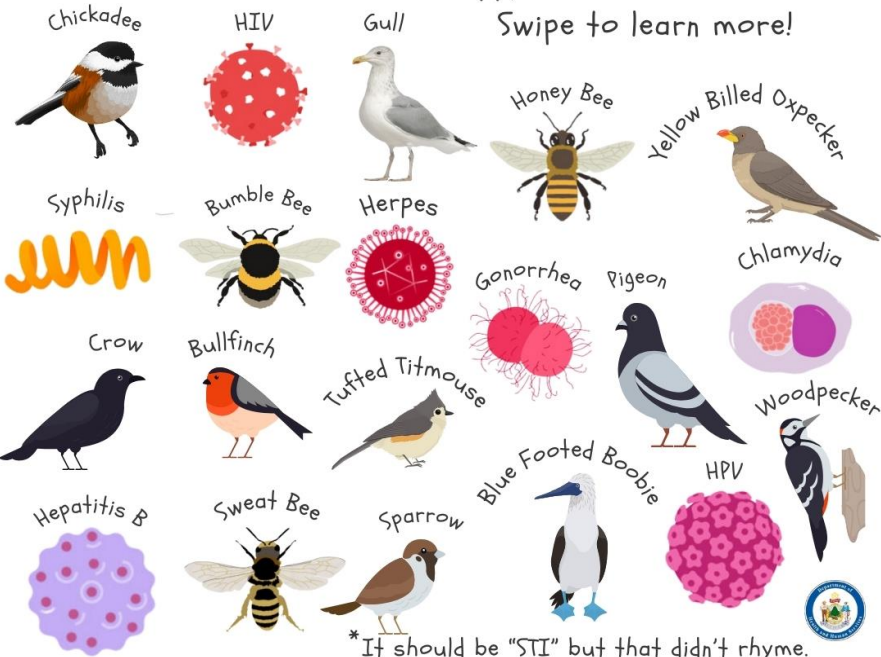


The Birds and The Bees and the STDs *

Happy STI Awareness Month!
Swipe to learn more!

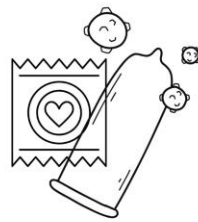


*It should be "STI" but that didn't rhyme.

If you get tested and treated early, an infection (STI) doesn't become a disease (STD).

Get tested!

Use condoms, dental dams, lube!
Find free safer sex supplies and STI/HIV testing here!
[gettested.cdc.gov](https://www.gettested.cdc.gov)



Cool Birds!
nationalgeographic.com/animals/birds



Cool Bee Facts!
tinyurl.com/jauuwska



Who are We?

Emily Cason (she/her)

- HIV/STI Surveillance Epidemiologist at Maine CDC
- Previously: Epidemiologist at a county health department in FL for 6 years
- Plus: Avid reader, ambitious baker, occasional hiker
- And: Data nerd & spreadsheet enthusiast

eSBee Buhlman (they/she)

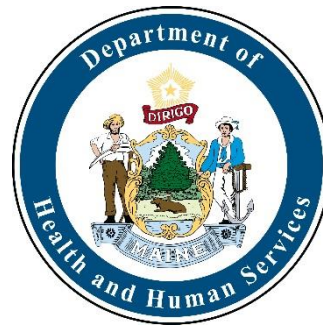
- HIV/STI Prevention Health Educator at Maine CDC
- Previously: Middle and high school health teacher for 10 years
- Plus: Sailboat Captain for Hurricane Island Outward Bound, instructor for SailMaine, and a whole bunch of other things
- And: Almost done Masters of Public Health at the University of Southern Maine

What Are We Doing Today?

- Community agreements
- Lil intro Kahoot!
- Language, stigma, and building connection & community
- State of STIs in Maine
- Safer sex (including STI testing)
- Additional resources

Community Agreements

We are a community for the next lil bit of time.
What do we need to get the most out of our time together?



Stigmatizing Language



Just so we are on the same page:

Stigma - noun

A set of negative and unfair beliefs that a society or group of people have about something.

A mark of shame or discredit.



Scan QR code or go
to Menti.com &
enter code: **4706**
7742

Enter as many answers as you
would like.

Try to keep them to one word,
maybe two.



Why Is Shifting Stigmatizing Language Important?

What do you think?



Language Matters

People in our community have shared their hurt, confusion, fear and pain caused by stigmatizing language directed toward them.

They have been hesitant to get help, share their struggles, and be vulnerable.

We also see the impact in statistics and representation of historically marginalized communities.



Some Stats



FALLOUT FROM SEXUAL STIGMA

1 in 7

Share of people who are uncomfortable discussing STIs with a doctor

[KAISER FAMILY FOUNDATION](#)

22%,
13%

Share of physicians who reported being uncomfortable treating transgender patients or HIV patients, respectively

[LGBT HEALTH](#)

4X

Increased odds that transgender people in the U.S. will experience rape, sexual assault, or aggravated or simple assault than cisgender people

[UCLA](#)

Stigmatizing Views of LGBTQ+ Students

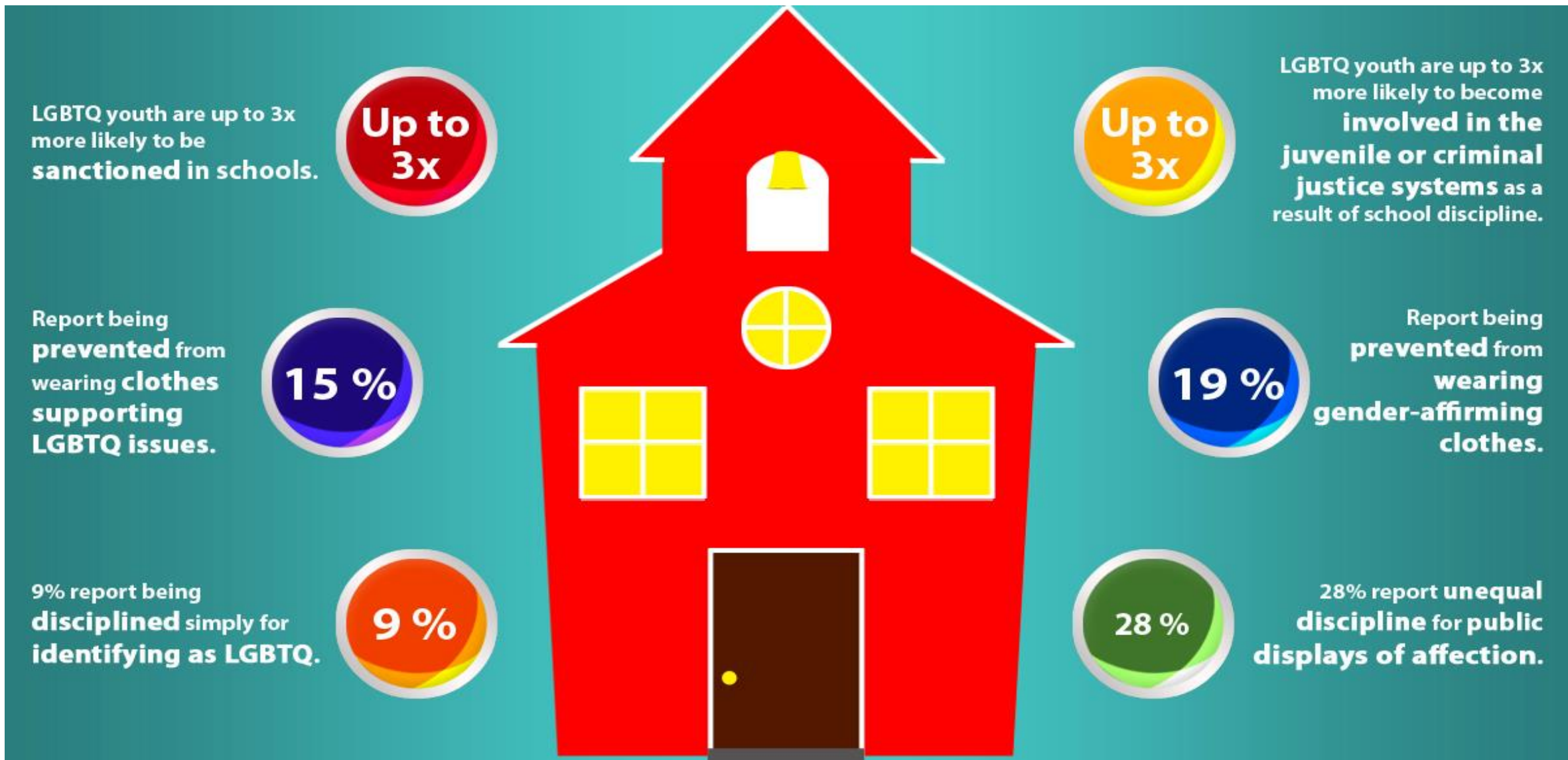


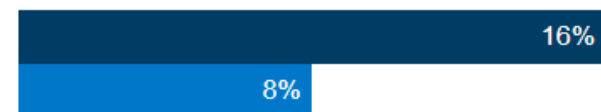
Figure 8

Larger shares of LGBT+ adults report negative experiences with their providers compared with non-LGBT+ adults

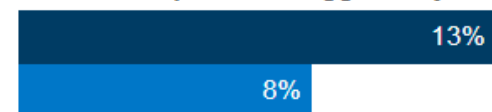
Thinking about your health care visits in the last two years, did you experience any of the following, or not?

■ LGBT+ ■ Non-LGBT+

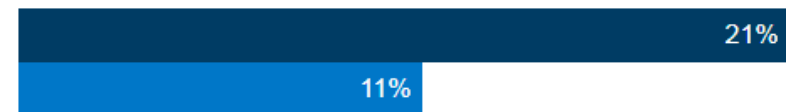
Health care provider didn't believe you were telling the truth*



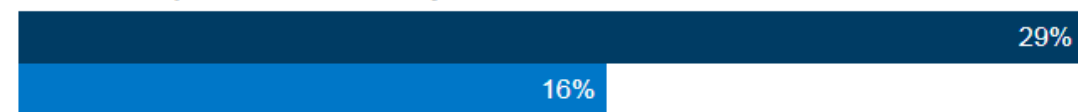
Health care provider suggested you were personally to blame for a health problem you were experiencing*



Health care provider assumed something about you without asking *



Health care provider dismissed your concerns*



At least one of these experiences*

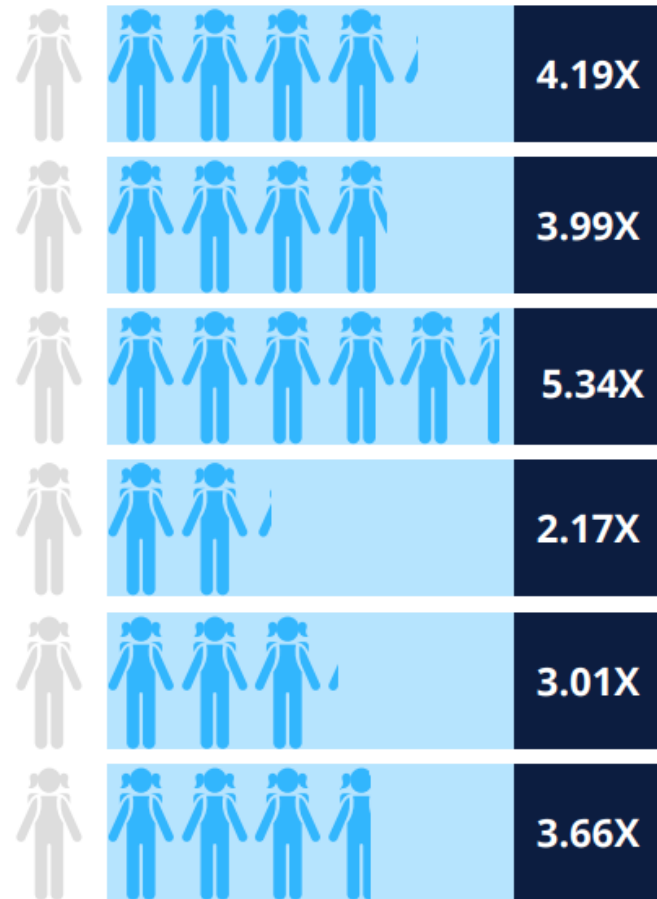


NOTE: *Estimate for LGBT people statistically different from those for non-LGBT people ($p < 0.05$).

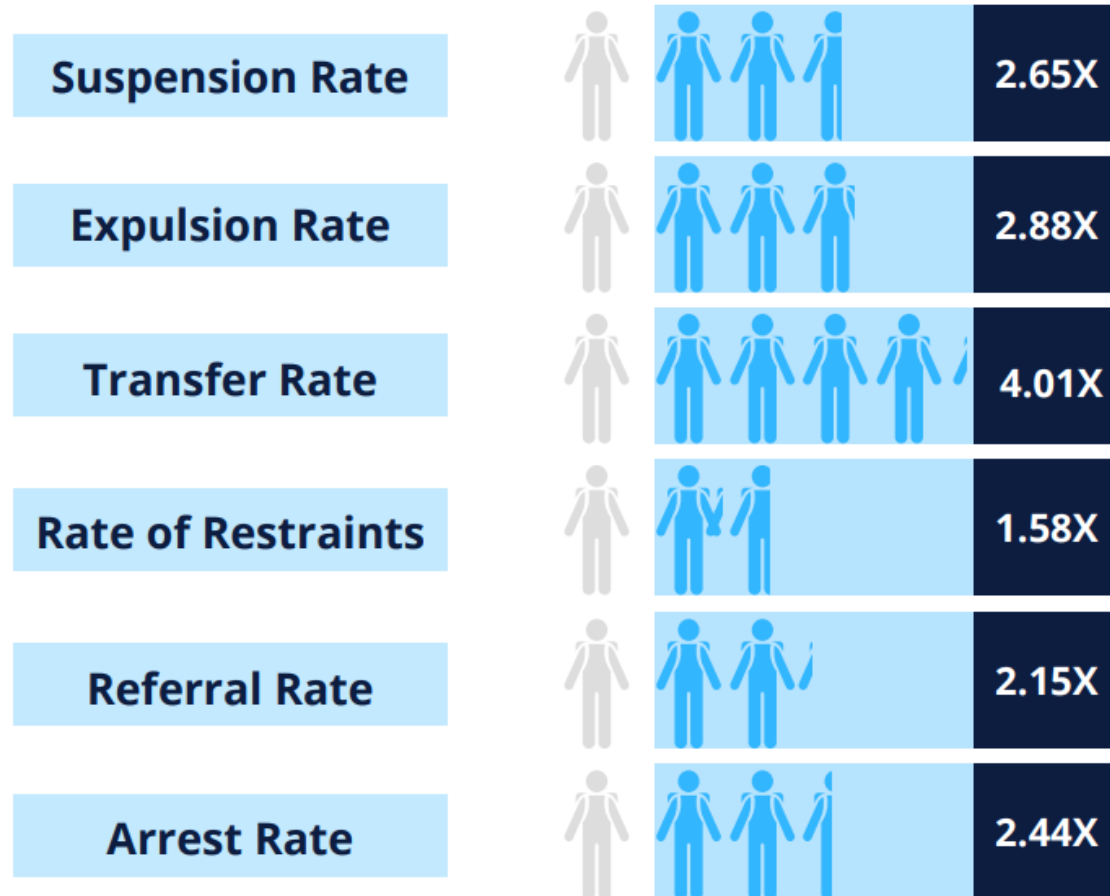
SOURCE: KFF Women's Health Survey 2020 (Nov. 19-Dec. 17, 2020) • [PNG](#)

Adultification of Black Children

Black Girls Compared with White Girls



Black Boys Compared with White Boys

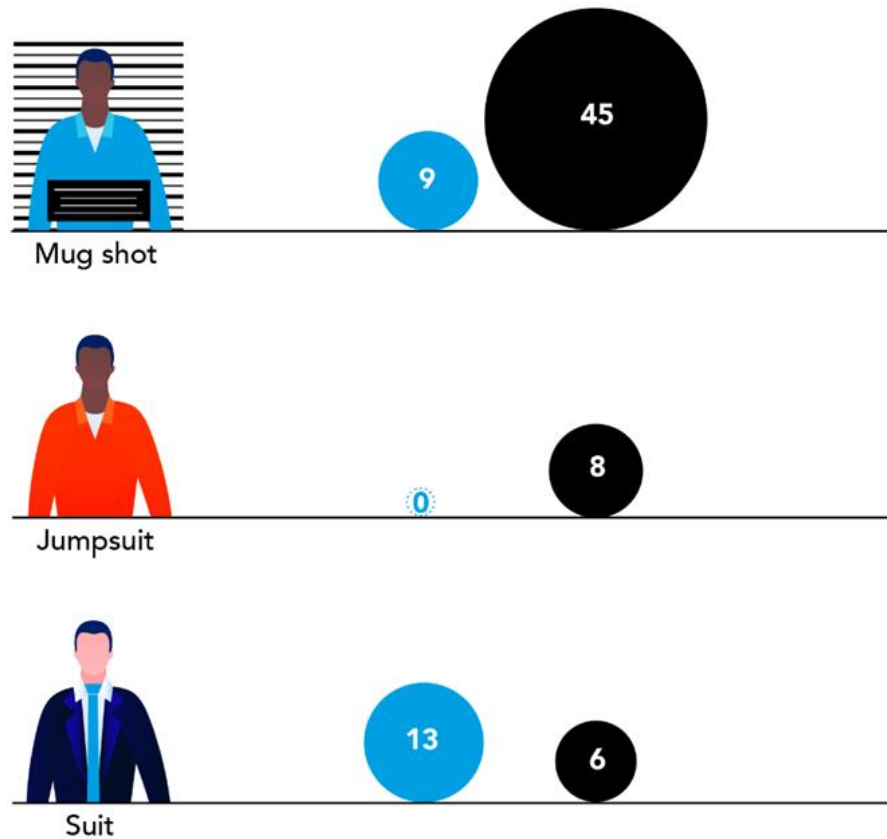


A PICTURE IS WORTH A THOUSAND WORDS

Stark disparities exist between the types of images used for Black and white defendants.

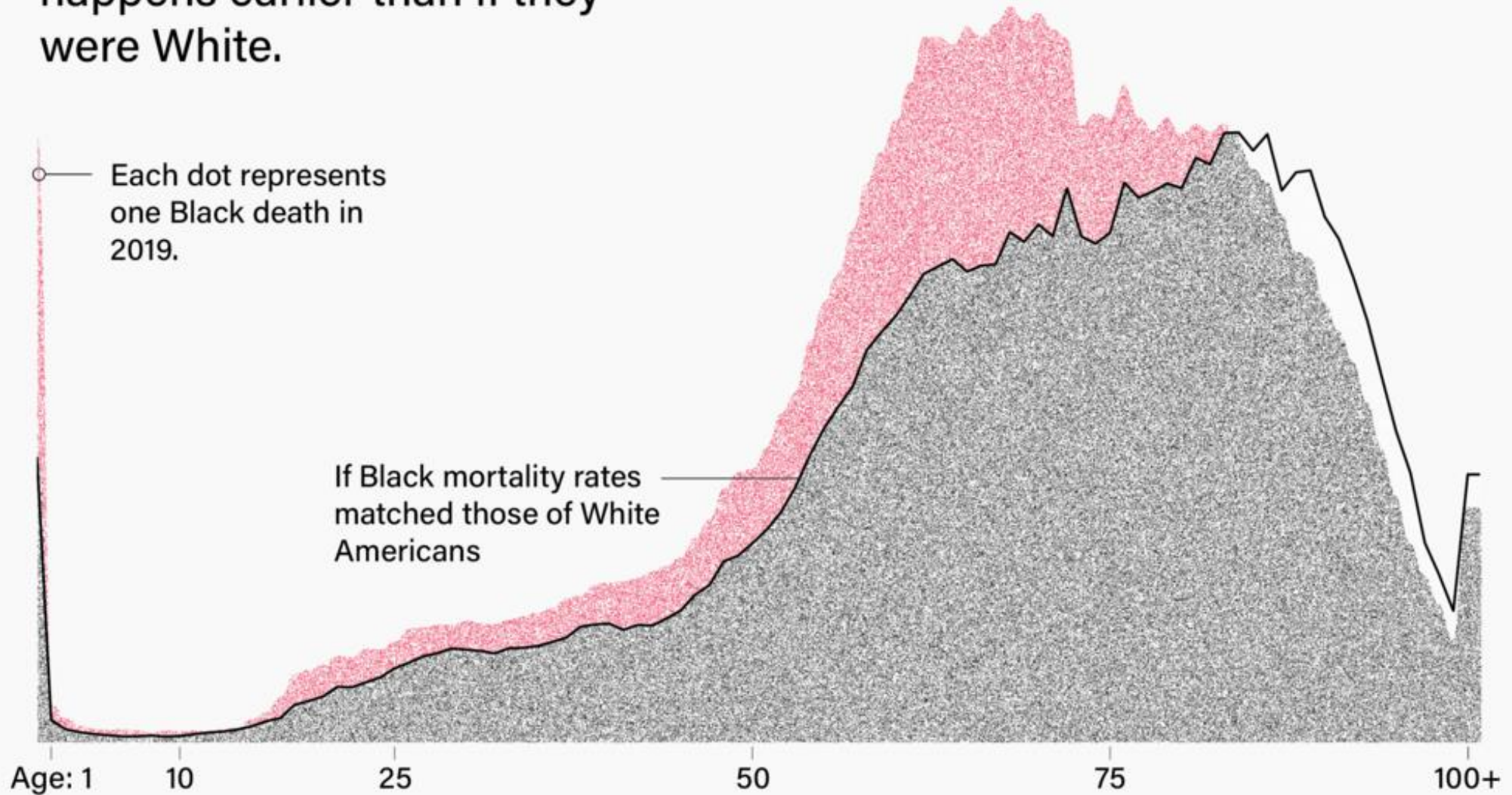
% types of Imagery Used of Defendants by Race

■ White defendants ■ Black defendants



Left: Photo from Mesa police try to fire officer accused of murder (3/15/16); Right: Photo from Recording between suspected Seminole Heights killer and his family won't be released (5/6/2019)

1 in 5 Black deaths in the U.S. happens earlier than if they were White.



If we have been told or shown something most of our lives, of course that is what we will believe.

But in reality...



A black and white close-up photograph of Maya Angelou. She is looking slightly to the left with a thoughtful expression, her hand resting under her chin. She is wearing a large, circular, ornate earring. The image is framed by two solid blue vertical bars on the left and right sides.

"Do the best you can until you know better.
Then **when you know better, do better.**"
—Maya Angelou.

All of this (and much more) is connected and influences our interactions, views, how we build connections and community, and how we can deliver comprehensive, inclusive, culturally humble health & sex-ed.

So, what are we going to do? Because we have to do better.

Some Thoughts



Representation Is Crucial

Seeing oneself matters.

Seeing diverse humans in media, educational materials, matters.

Hearing oneself and those you love represented in conversations matters.

The language you use with yourself and those around you matters.

**If you don't see yourself, you don't know
you can exist.**

PROTECT YOUR EYES

► SUN DAMAGE

Similar to your skin, too much UV light can damage your eyes. Sun damage can lead to immediate conditions, such as sun burn to the eyes (photokeratitis), or long term conditions, such as cataracts, cancers, and pterygium, (tissue growths on the cornea).

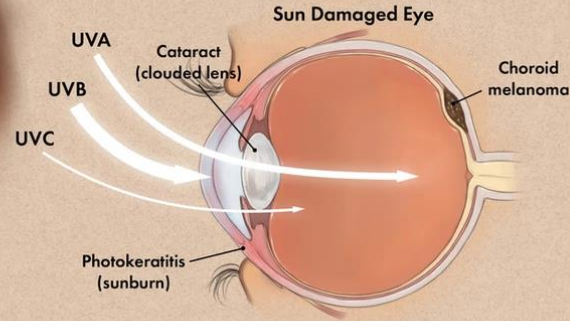
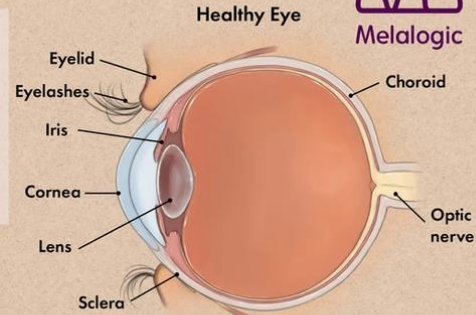
It is important to protect your eyes from UV radiation, even on cloudy days.



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Hillary Wilson 2020

UVA Rays: Affects deeper layers of the skin and eyes.
UVB Rays: Most plentiful and affect the surface layers of the eyes the most.
UVC Rays: The most damaging type of UV rays, but largely blocked by the ozone layer.



Normal vision

Blurring

Floaters



Macular Degeneration is a condition that causes the part inside of the eye responsible for clear vision, the macula, to wear down. Though age is the main cause of macular degeneration, UV light can contribute to it's negative symptoms. Macular degeneration can lead to blurred vision, missing spots in vision, floaters, and even blindness.

► PREVENTION

- Wear sunglasses year round
- Wear hats with a wide brim
- Seek shade
- See an eye doctor if you are having problems

For more information, visit melalagic.com



CHIDIEBERE IBE

Image by Chidiebere Ibe

Image by Hillary Wilson

TYPES OF SUNSCREEN

▶ APPLY IT

Though melanin provides extra protection from the sun's rays, people of all skin tones should apply sunscreen.

There are many options, and it is important to test out different types to find out which works best for you.

▶ BE INFORMED

Check labels to make sure a sunscreen does not contain ingredients that will cause negative reactions for your particular skin. Look for broad spectrum sunscreen with an SPF of at least 30.



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Melalogic



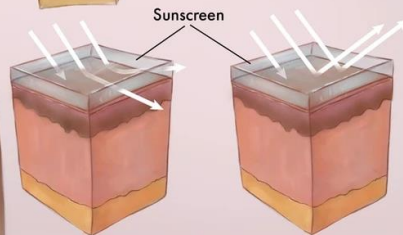
▶ CHEMICAL

Chemical sunscreen acts like a sponge, and absorbs most of the harmful rays, keeping it from damaging the skin.

These sunscreens contain ingredients like oxybenzone, avobenzone, octisalate, homosalate, octocrylene, and octinoxate. Though these leave less white residue, they linger in the body for longer, which some may want to avoid.



Sponge



Though some UV rays still reach the skin, most rays are absorbed into the sunscreen.

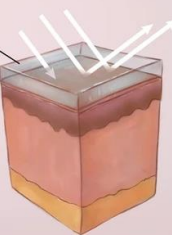
▶ PHYSICAL

Physical sunscreen acts like a shield, causing harmful sun rays to bounce off of the skin.

These sunscreens contain minerals like titanium dioxide and zinc oxide. Though these ingredients are considered safer, they may leave a white residue.



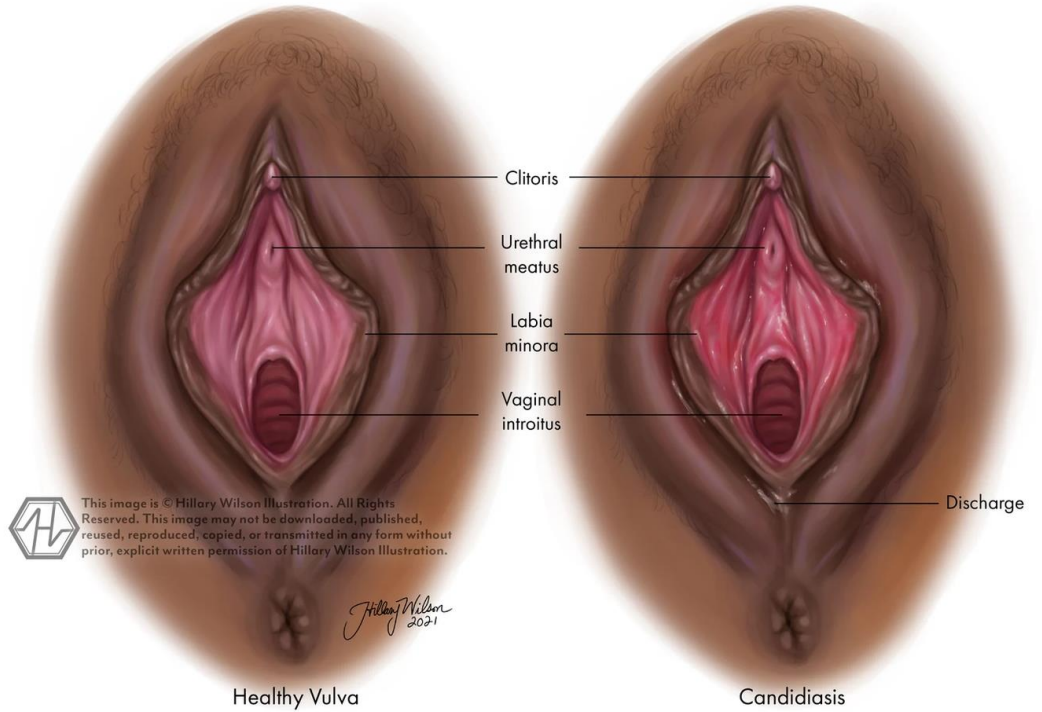
Shield



Though some UV rays still hit the skin, most rays are reflected by the sunscreen.

For more information, visit melalogic.com

Candidiasis



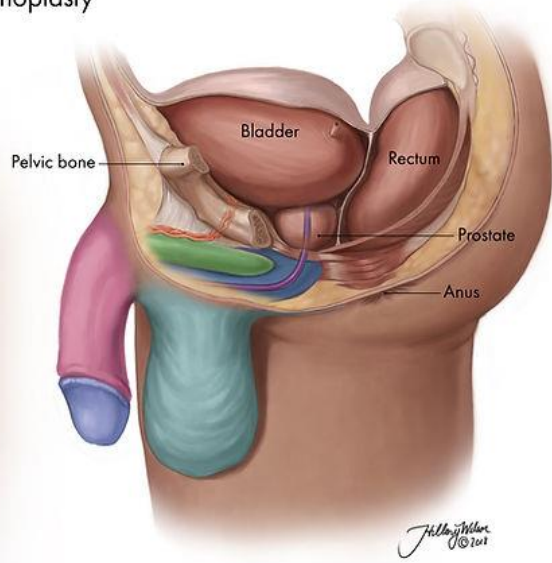
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Healthy Vulva

Candidiasis

Vaginoplasty

A **vaginoplasty** uses the skin and tissue of the penis and scrotum to form a new, functional vagina.



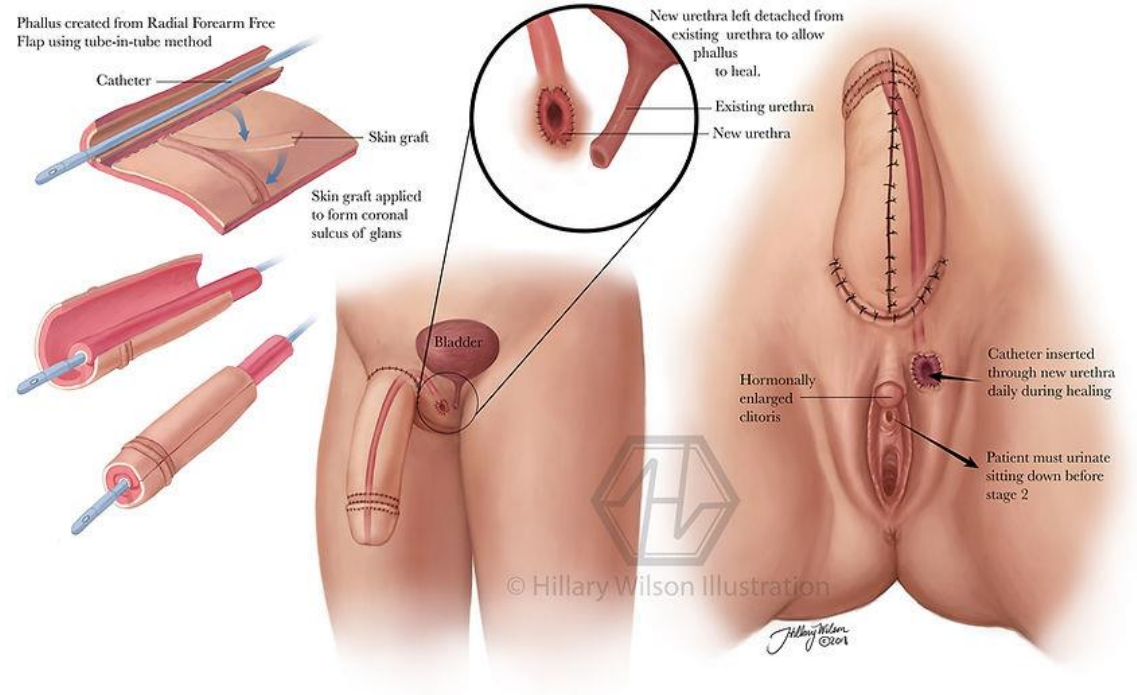
- Scrotum
- Penile skin
- Corpus Cavernosum
- Corpus Spongiosum and Glans
- Urethra
- Neurovascular Bundle

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1 of 4 in series

Forearm Flap Phalloplasty Stage I: Phallus creation

Phallus created from Radial Forearm Free Flap using tube-in-tube method



© Hillary Wilson Illustration

The internal reproductive organs
(including a menstrual cup)

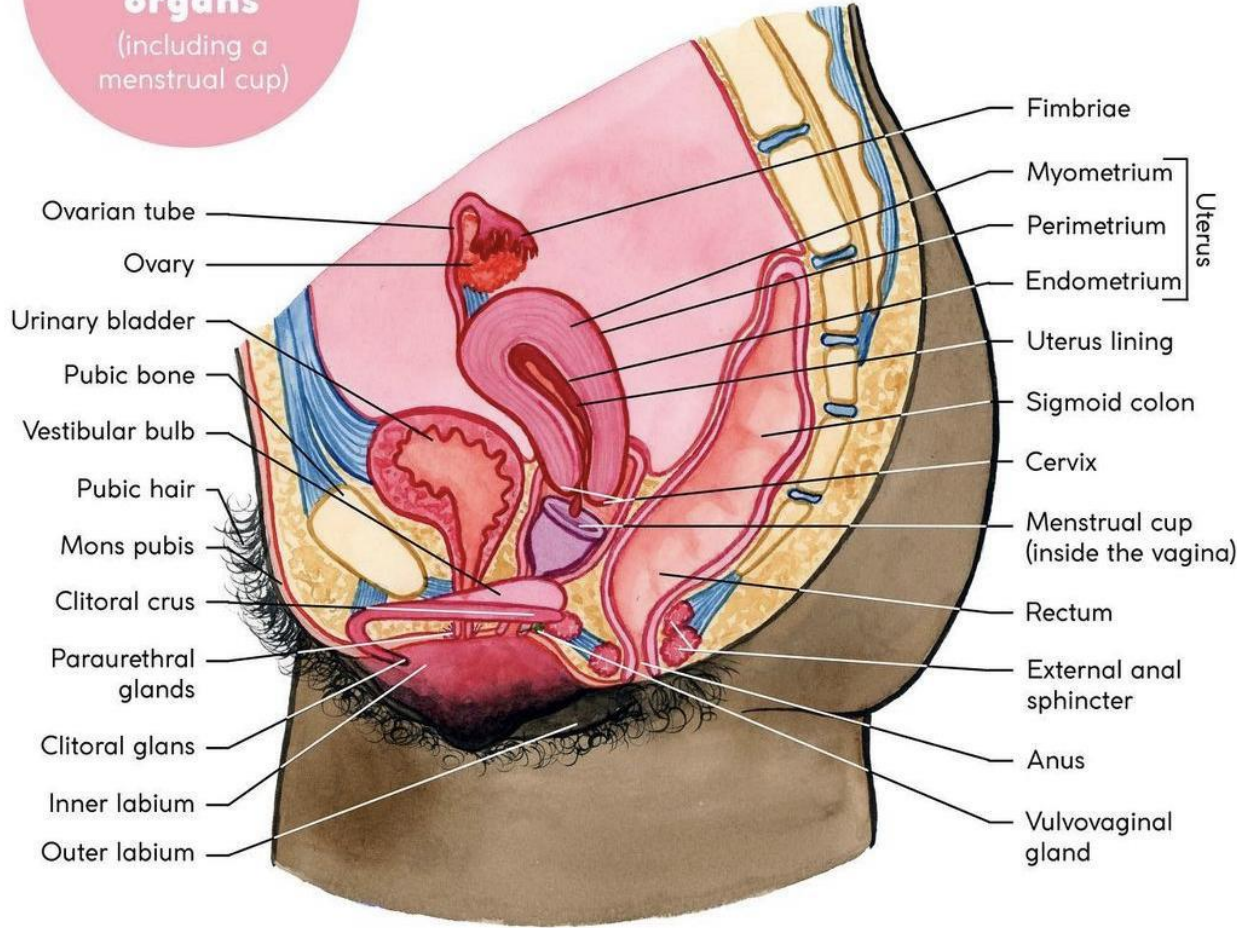
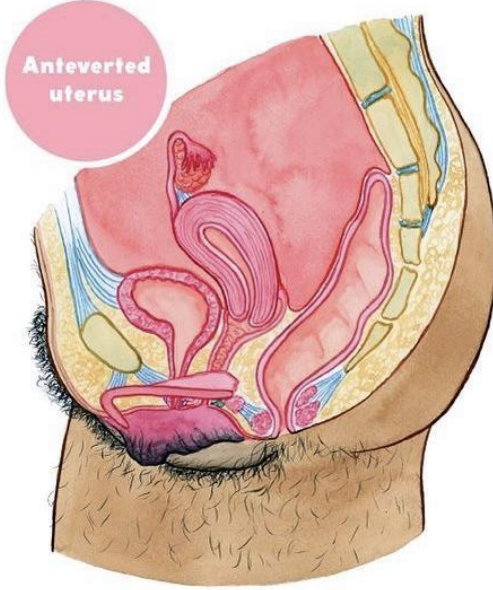
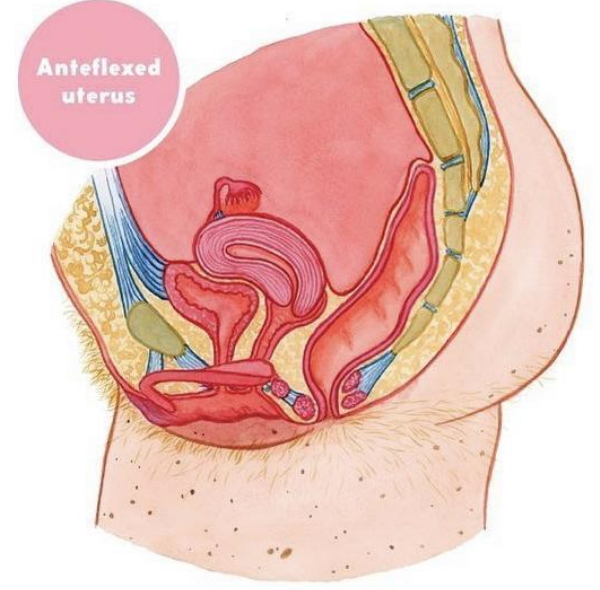


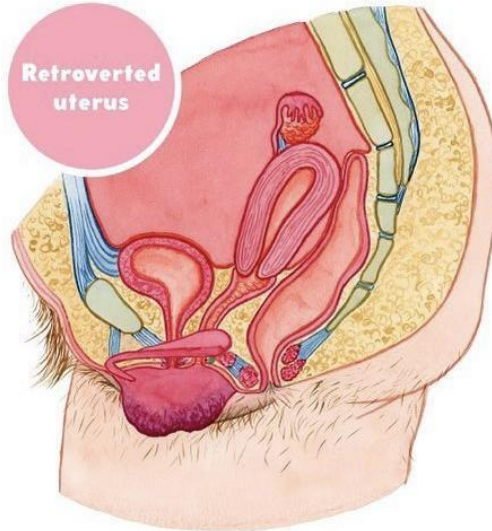
Illustration by Hilde Atalanta
© The Vulva Gallery



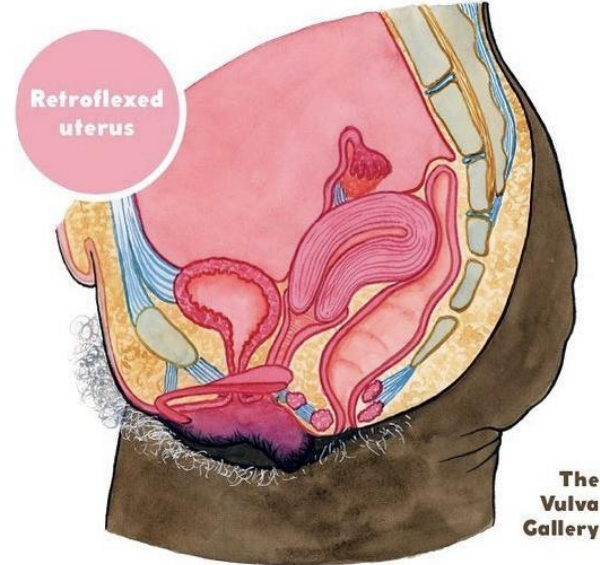
Anteverted uterus



Anteflexed uterus



Retroverted uterus

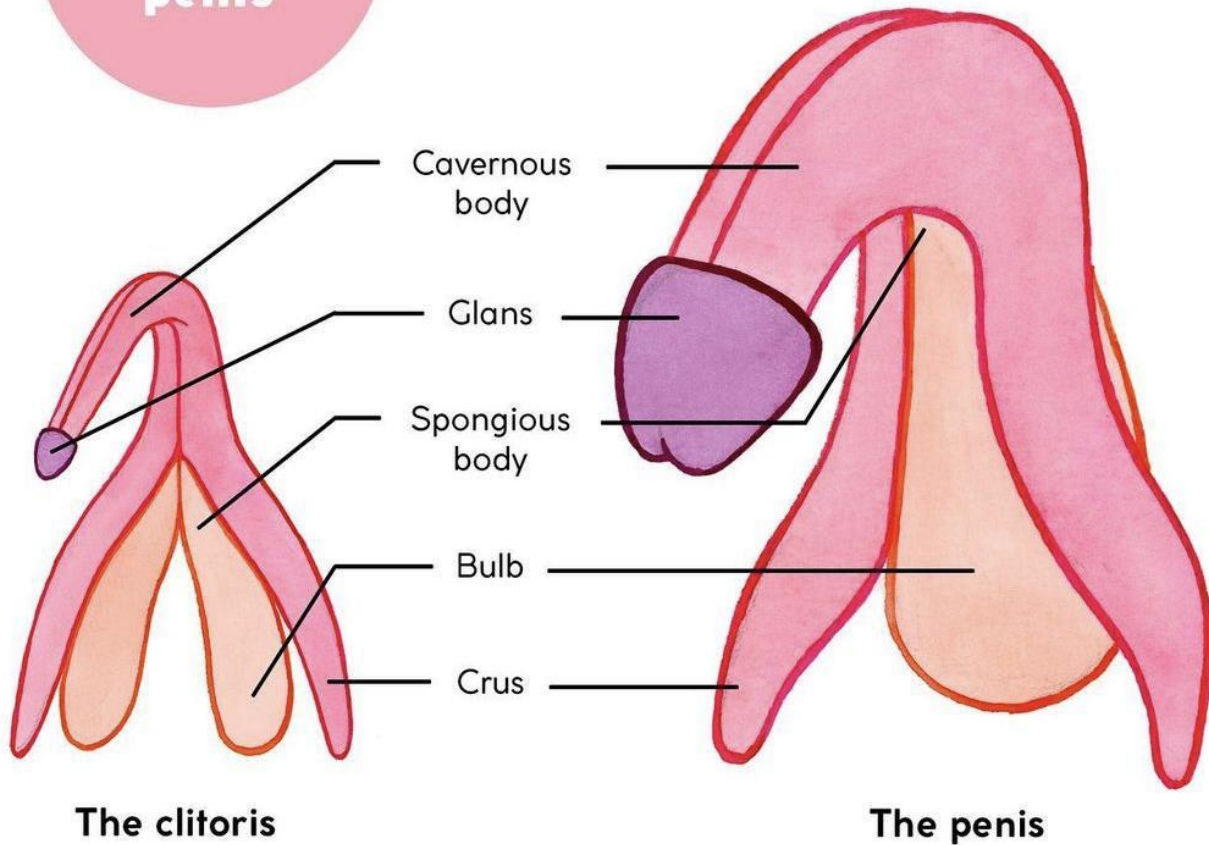


Retroflexed uterus

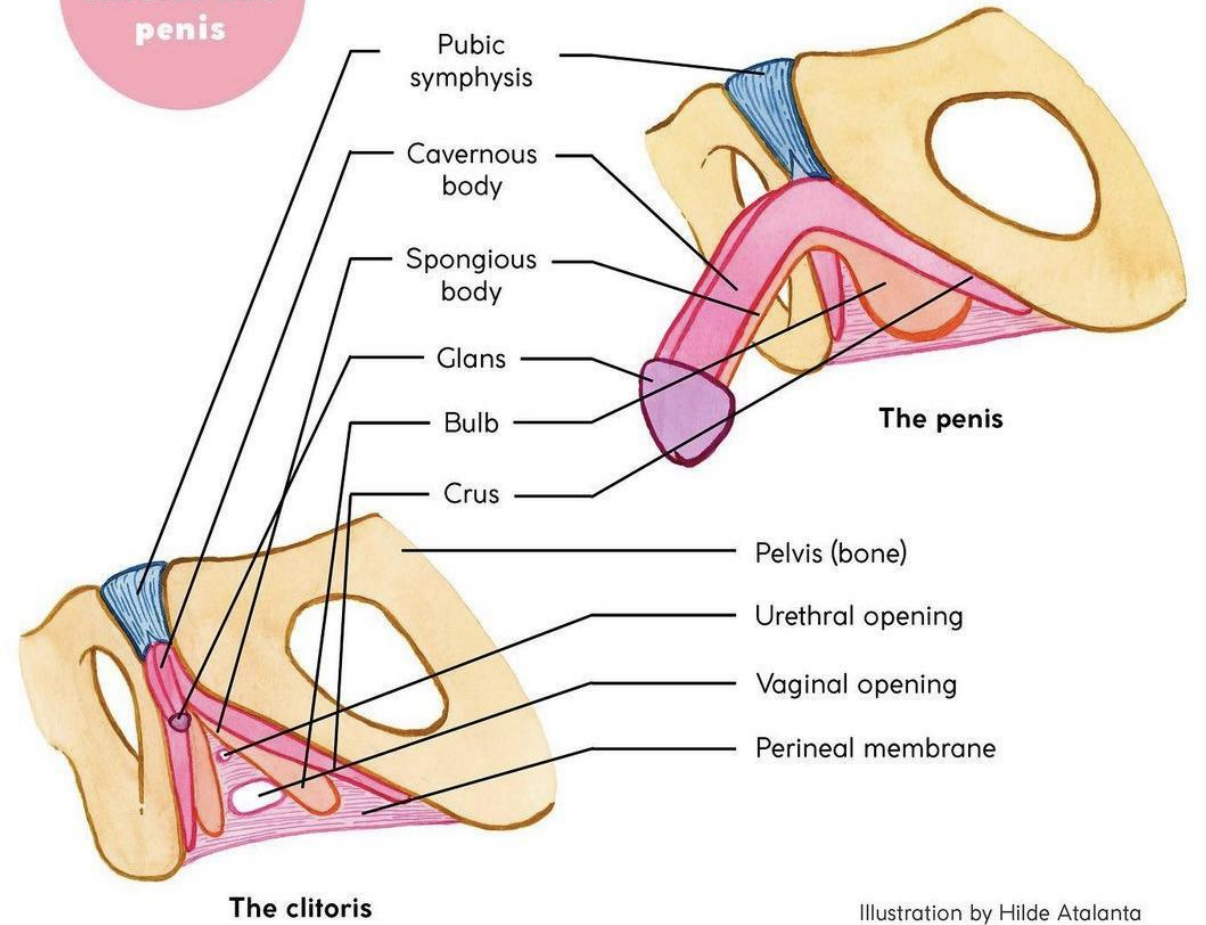


**The
Vulva
Gallery**

Anatomy of clitoris and penis



Anatomy of clitoris and penis



Language and our ideas about people are always evolving, changing, shifting. We are always finding better ways to explain feelings and experiences that have always been there.



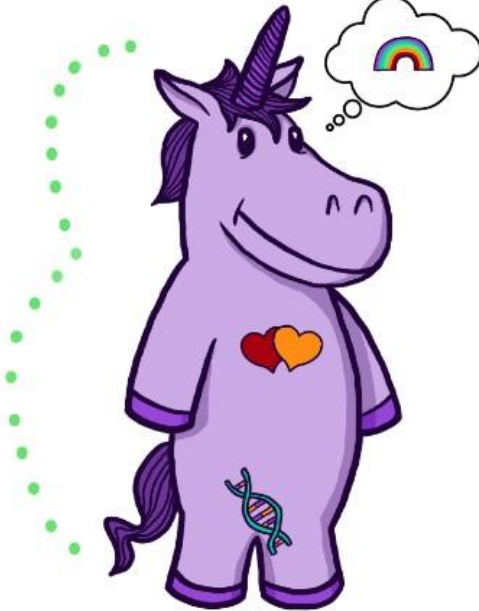
Every person has a right to choose how we are described.
It's ok to not understand sometimes.
It's all just being a good human.

Labels are meant to clarify, not constrain.

- Some people like labels, some people don't.
- It's ok if you don't know or understand the label someone identifies with.
- Some people might use words differently.
- Our idea of gender is unique to a very small timeframe.

The Gender Unicorn

Graphic by: **TSER**
Trans Student Educational Resources



Gender Identity

- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression

- Feminine
- Masculine
- Other

Sex Assigned at Birth

- Female
- Male
- Other/Intersex

Physically Attracted to

- Women
- Men
- Other Gender(s)

Emotionally Attracted to

- Women
- Men
- Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

The Words We Use Have an Impact

“There is no effective response to HIV or other STIs without addressing stigma.”

[Stigma's Toll on Sexual and Reproductive Health | Hopkins Bloomberg Public Health Magazine \(jhsph.edu\)](#)

“Change is constant in sexual health, as in health care more broadly... Just as health and health care evolve, so too should the language that we use to describe them.”

[Words Matter: Putting an End to “Unsafe” and “Risky” Sex \(pdx.edu\)](#)

Conscious Language: Sexual Health

Conscious Language is the intentional use of words and terms to create empathetic, inclusive, and non-stigmatizing health messaging. Being thoughtful in phrasing and framing helps to not perpetuate bias and stigma that contribute to health inequities.

APPROACH



Keep in mind an overall approach to not promote assumptions, bias, or stigma.

Non-stigmatising

Communication does not lead to individual feelings of shame or fear

Non-judgemental

Communication does not associate behavior with the "goodness" of a person

Inclusive

All people feel welcome by materials, physical environments, and social environments

Representative

Communities see themselves in your materials, physical environments, and social environments

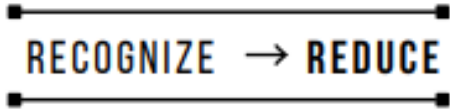
Assumption aware

Ingrained normative approaches to sexual health are questioned and acknowledged

Person first

Seeing the individual before the condition, with some exceptions

ASSUMPTIONS



Assumptions are beliefs that are thought to be true. Assumptions can inform language choices. Below are some common assumptions in sexual health.

Sex and Gender are binaries and interchangeable → **Sex and Gender exist on spectrums and are not interchangeable**

Sex encompasses chromosomes, hormones, anatomy, and bodies. Gender refers to the social experience including expected roles, responsibilities, and behavior

Monogamy is the default → **Relationships are unique and are structured differently for each person**

People may be in an open, polyamorous, or other non-monogamous relationship, or dating more than one person at a time

Someone's identity tells of their behavior → **Identity, or lack thereof, does not create a full picture of behavior**

For example, a straight or heterosexual person may engage in sexual behavior with people of the same sex or gender

Only certain people need certain information → **Health information is important for all**

Assuming certain information is not a priority based on identity or other factors can lead to missed opportunities

'Sex' means the same to everyone → **Sex has unique meanings for all**

These unique meanings can expand beyond activities between one man and one woman involving a penis and vagina

Groups are homogenous → **Language choices are informed by individual intersecting identities**

Consider historical, political, and social contexts for language choices



See the next page for language alternatives to common sexual health terms and check out Healthline Media's [Conscious Language Guide](#) for additional topics



HEALTHLINE MEDIA



Assumption	Alternative	Application
Infect	Transmit; Acquire; Contract; Got/Have	You can get an STI from an infected partner → <i>It is possible to contract an STI from a sexual partner who has an STI</i>
Protect Safe	Reduce your chance; Safer	Protect yourself when having sex → <i>Reduce your chance of getting an STI by using a condom each time you have penetrative sex</i>
Males Females Biological sex	Anatomical terms; Assigned sex at birth	Women between the ages of 21 and 65 should get Pap tests → <i>Pap tests are recommended for all people with cervixes or people assigned female at birth starting at age 21</i>
Males Females Both sexes Boys and girls	Each person; All bodies; Everyone; Anyone; Adults; Teenagers; People	Both men and women are at risk for an STI → <i>Anyone engaging in sexual activity has a chance of contracting an STI</i> Safe sex is important for both males and females → <i>Safer sex is important for everyone</i>
Promiscuous	Multiple sex partners; Strengths based approach	Promiscuous behavior increases your risk of getting an STI → <i>Using a condom or barrier method each time you have sex reduces your chances of getting an STI</i>
He's clean She's dirty Clean test Dirty test	Positive for; Negative for; Positive test; Negative test; Detected; Found, not found	Does he have gonorrhoea? No he's clean → <i>No, he tested negative</i> Did the test come back dirty? → <i>Did the test come back positive?</i>

April 2022

Remember!

Context is important.
Language alternatives are options, not rules.
Language choices are dependent on your audience.



Assumption	Alternative	Application
Non compliant; Non adherent	Not as prescribed; The treatment plan isn't working for them	The patient is not adhering to their medications → <i>They are not taking their medication as prescribed</i> Client is medically non compliant → <i>The treatment plan is not working for them</i>
Risk Risky; Unsafe; Protected	Chance; Likelihood Sex without a barrier method/condom/PrEP; Condomless sex; Sex without contraception	Unprotected or risky sex increases your risk of being infected with an STI or getting pregnant → <i>If you're having sex, consistently using a condom or another barrier method is a good way to reduce your chance of transmitting an STI or getting pregnant</i>
Queer vs Lesbian, etc.	Consider the history that some words may have "Q" in LGBTQ+ stands for Questioning or Queer	Queer adults over 65 still need regular testing → <i>LGBTQ+ older adults / LGBTQ+ elders are encouraged to get tested for STIs and HIV</i>

Inclusive Language

Overall, just remember...

Is:

- ✓ Being considerate of and respecting others
- ✓ A reflection of your brand and its values
- ✓ A continuous learning process
- ✓ Fluid and always changing
- ✓ Developed through conversations and dialogue
- ✓ Recognizing that words can affect how people feel

Is Not:

- ✗ Avoiding discussing certain issues out of the fear you may “offend” someone
- ✗ Ignoring differences between people (e.g. “I don’t see color”)
- ✗ Something that can be done perfectly
- ✗ Limited to the written word
- ✗ A strict set of guidelines about what to say
- ✗ Just a trend

Building Rapport and Connection

It's all related...!



6 KEY ACTIVE

Listening Skills



1. Pay attention.



2. Withhold judgement.



3. Reflect.



4. Clarify.



5. Summarize.



6. Share.



Center for Creative Leadership®

Some More Thoughts...

- Keep questions open ended.
- Listen and believe.
- Be genuine and also avoid, ‘I understand’ (unless you actually do and what to share that!)
- Focus on validating feelings, even if they might not be how you feel.
- Keep judgement on the inside. (Judging is a human reaction, reflect on it later.)
- Silence does a lot!
- “Tell me more...”
- “What I hear you saying is...”
- Include guardians & other teachers/staff.
- Let students guide learning as much as possible.
- Embrace the awkward.
- Remember that we are always learning.
- Own your mistakes.

What are things that have worked for you?
What are things that haven't work?

Breakout groups!

STIs!

So they don't become STDs!



Scan QR code or go
to Menti.com &
enter code: **6142
9120**

Enter as many answers as you
would like.

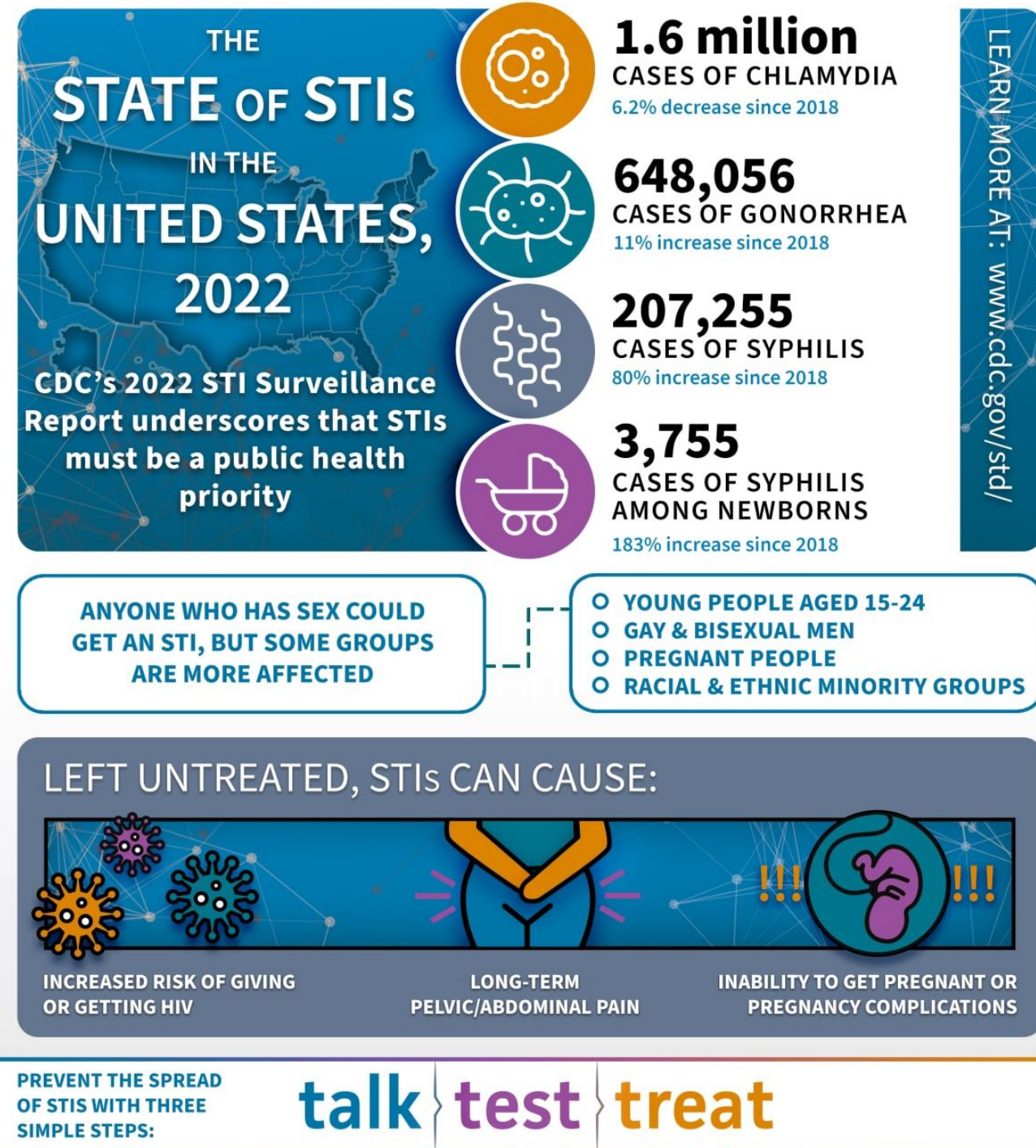
Try to keep them to one word,
maybe two.



This is not meant to be scary! It's just the data.

Over 50% of people will get an STI at some point in their lives. Generally, it's NBD, as long it's treated relatively quickly. And for that to happen, people need to get tested.

<https://www.cdc.gov/std/statistics/infographic.htm>

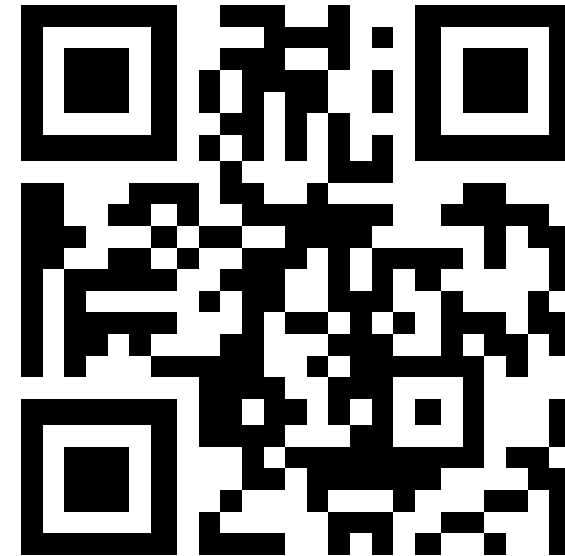


Drastic Increase in STIs

- STIs have been increasing drastically across the United States and in Maine.
- We need to normalize talking about STIs.
- Most people with an STI do not have symptoms.
- 1 in 2 people under the age of 25 will get an STI.
- Over 50% of people have had an STI.

Where does public health data come from?

- Chlamydia, gonorrhea, syphilis, mpox, and HIV (and lots of others) are reportable diseases
- Maine CDC receives data from:
 - Laboratories
 - Health care providers
 - Hospital systems
 - Schools
 - Nursing homes
 - Other states



www.maine.gov/dhhs/disease-reporting

Disease Intervention Specialists

Disease Intervention Specialists (DIS) are public health professionals who use contact tracing and case investigation to prevent and control sexually transmitted infections

- **Trained counselors:** help providers inform patients about positive results
- **Investigators:** help locate patients who have been tested but did not return for results or treatment
- **Educators:** provide education on STIs, testing, and treatments

Case Investigation & Management

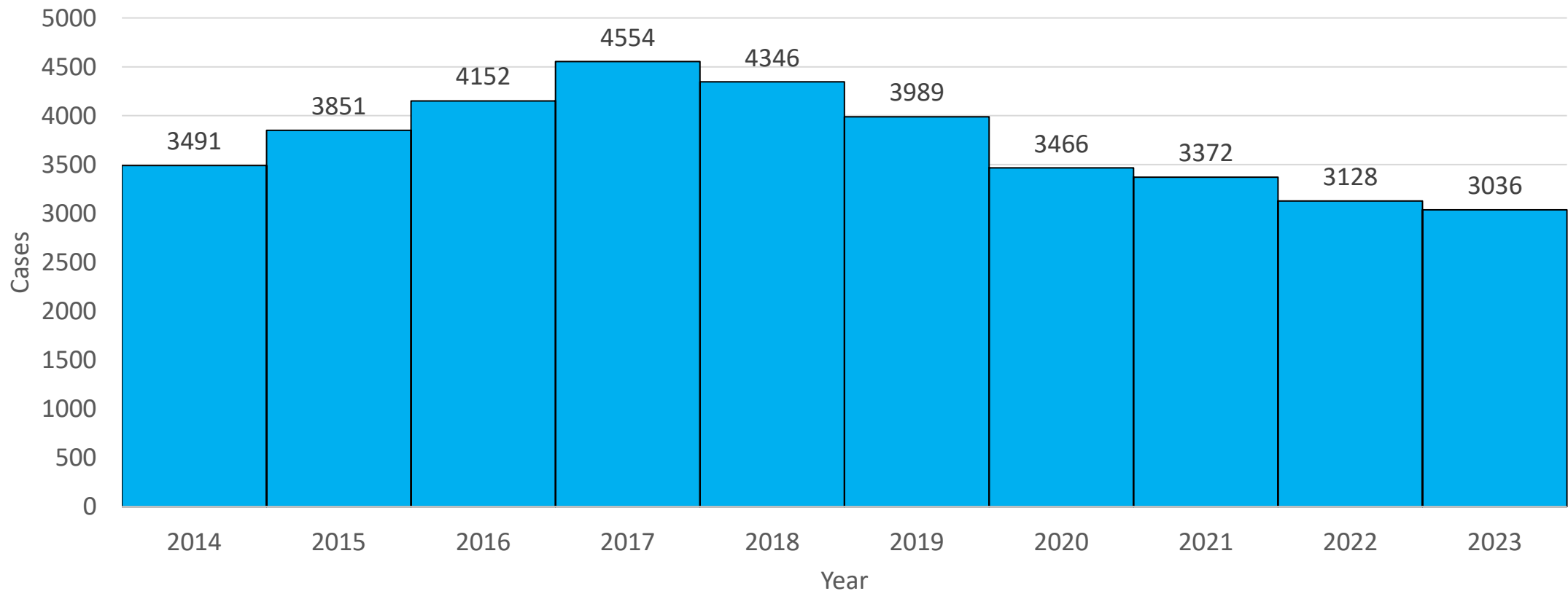
Treatment Call	Interview	Partner Services
<ul style="list-style-type: none">• Verify patient information• Symptoms at time of visit• Sexual history• Treatment plan	<ul style="list-style-type: none">• Review recommendations• Prevention counseling• Discuss prophylaxis (PrEP, PEP, mpox vaccine, etc.)• Partner elicitation	<ul style="list-style-type: none">• Notification of exposure• Linkage to care• Review treatment recommendations

Putting it all together

- Data you see in this presentation comes from a ton of different sources
- Documented in a system called NBS (and eHARS for HIV)
- Some caveats to keep in mind
 - Case definitions
 - Gender
 - Preliminary data

Chlamydia is the most common reportable STI in Maine

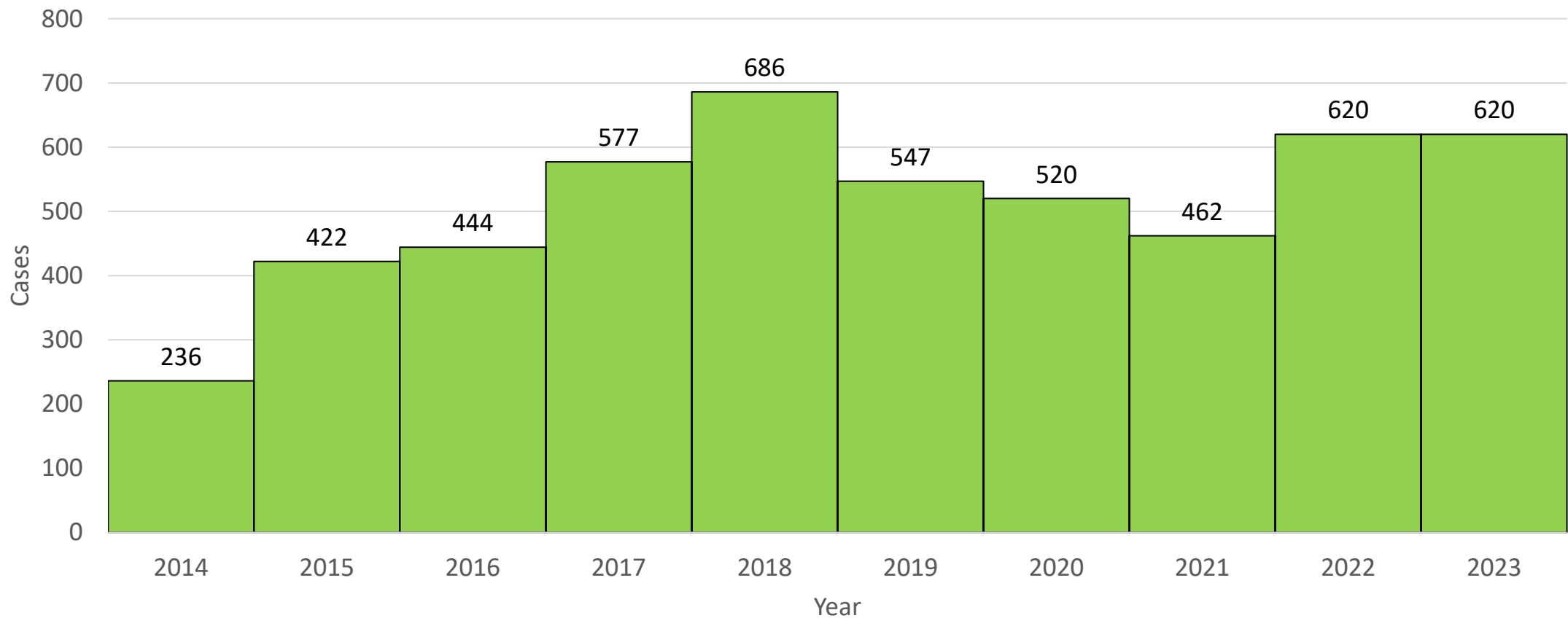
Maine Chlamydia Cases, 2014-2023



2023 data are preliminary as of 4/8/2024
Maine Center for Disease Control and Prevention

Gonorrhea case counts have increased over the past 10 years

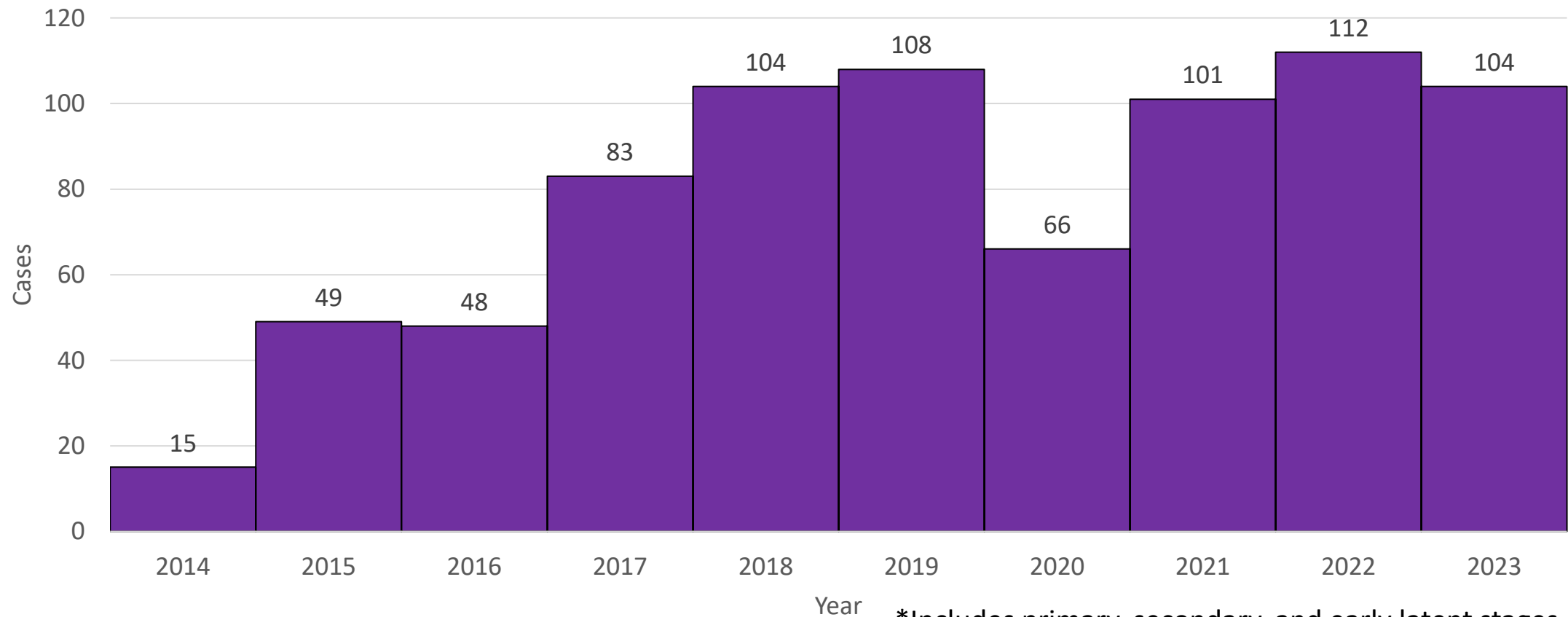
Maine Gonorrhea Cases, 2014-2023



2023 data are preliminary as of 4/8/2024
Maine Center for Disease Control and Prevention

Cases of syphilis* in Maine have increased >500% during 2014-2023

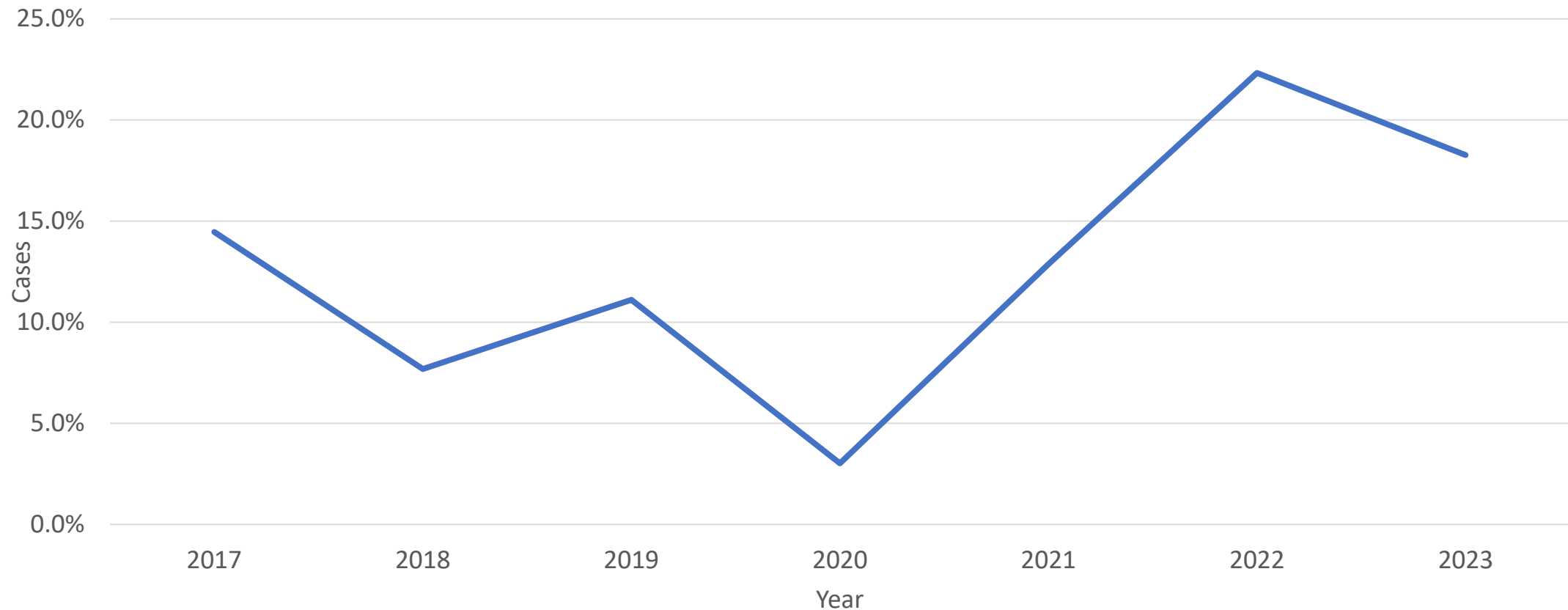
Infectious Syphilis Cases in Maine, 2014-2023



*Includes primary, secondary, and early latent stages

Women make up an increasing proportion of syphilis* cases

Infectious Syphilis Cases among Women in Maine, 2017-2023

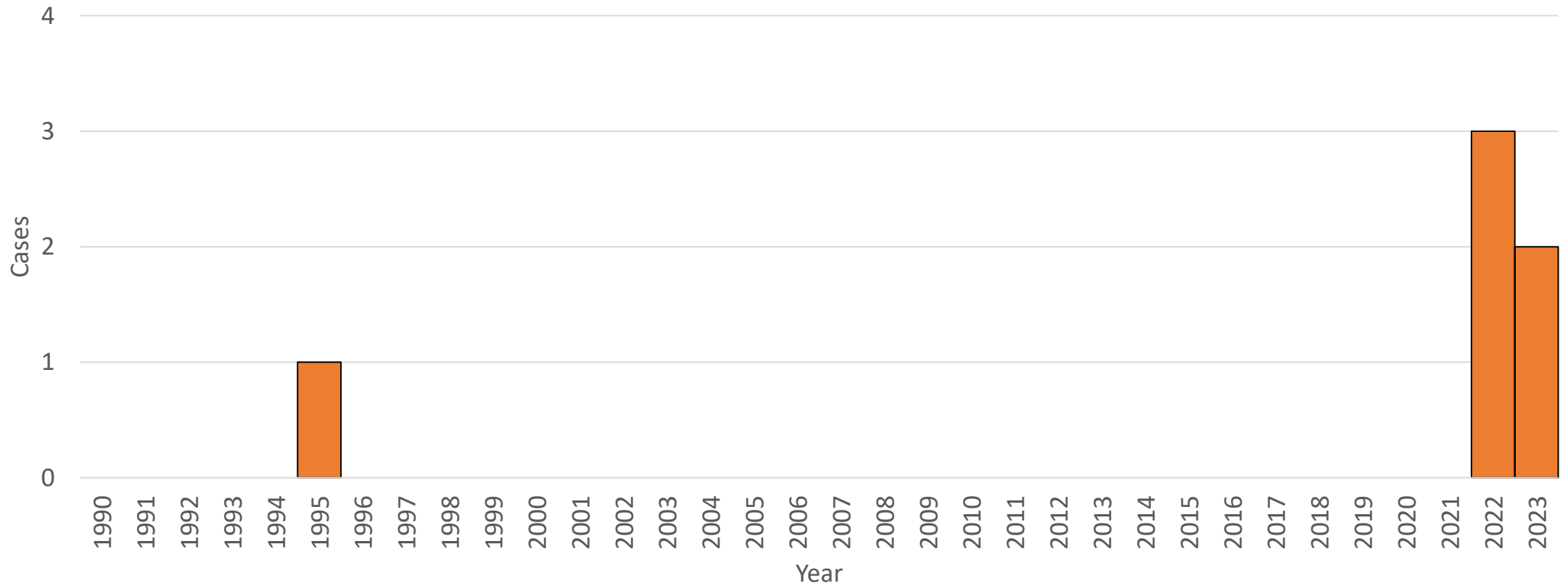


*Includes primary, secondary, and early latent stages

2023 data are preliminary as of 4/8/2024
Maine Center for Disease Control and Prevention

Maine's recent cases of congenital syphilis are the first in nearly 30 years

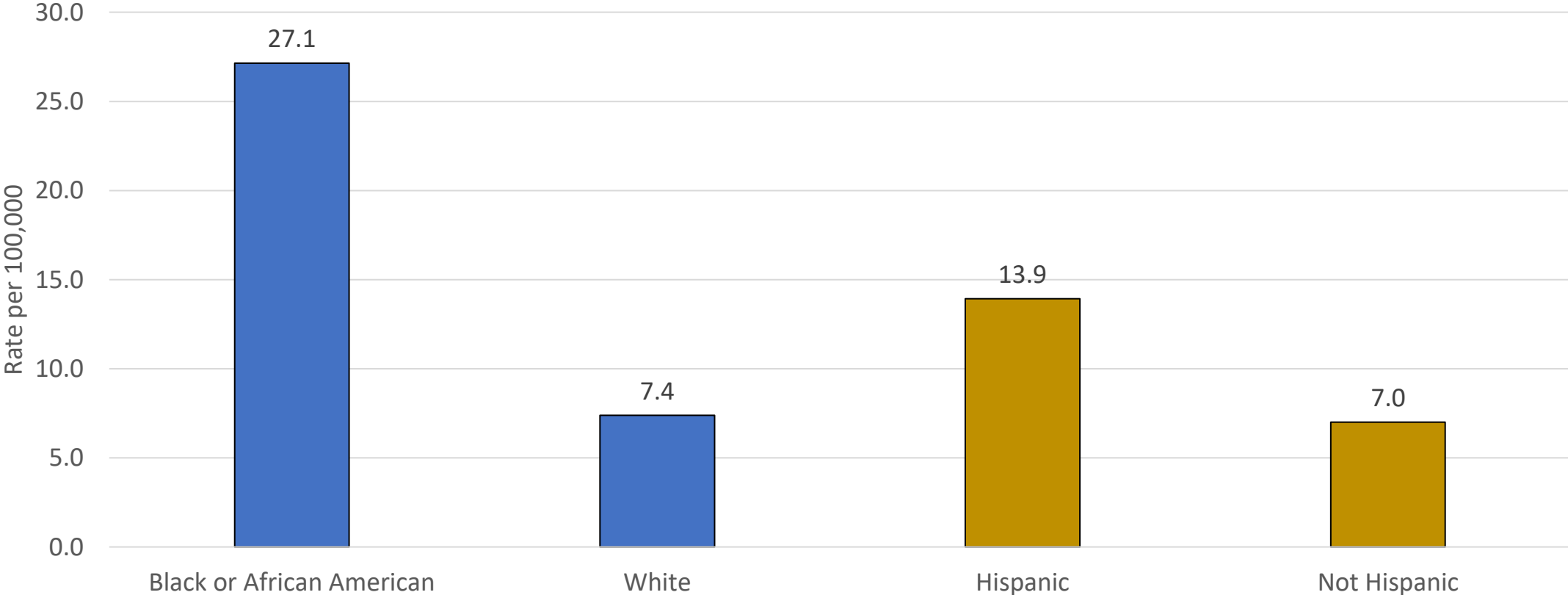
Maine Congenital Syphilis Cases by Birth Year, 1990 through 2023



2023 data are preliminary as of 4/8/2024
Maine Center for Disease Control and Prevention

There are disparities in rates of syphilis* by race and ethnicity

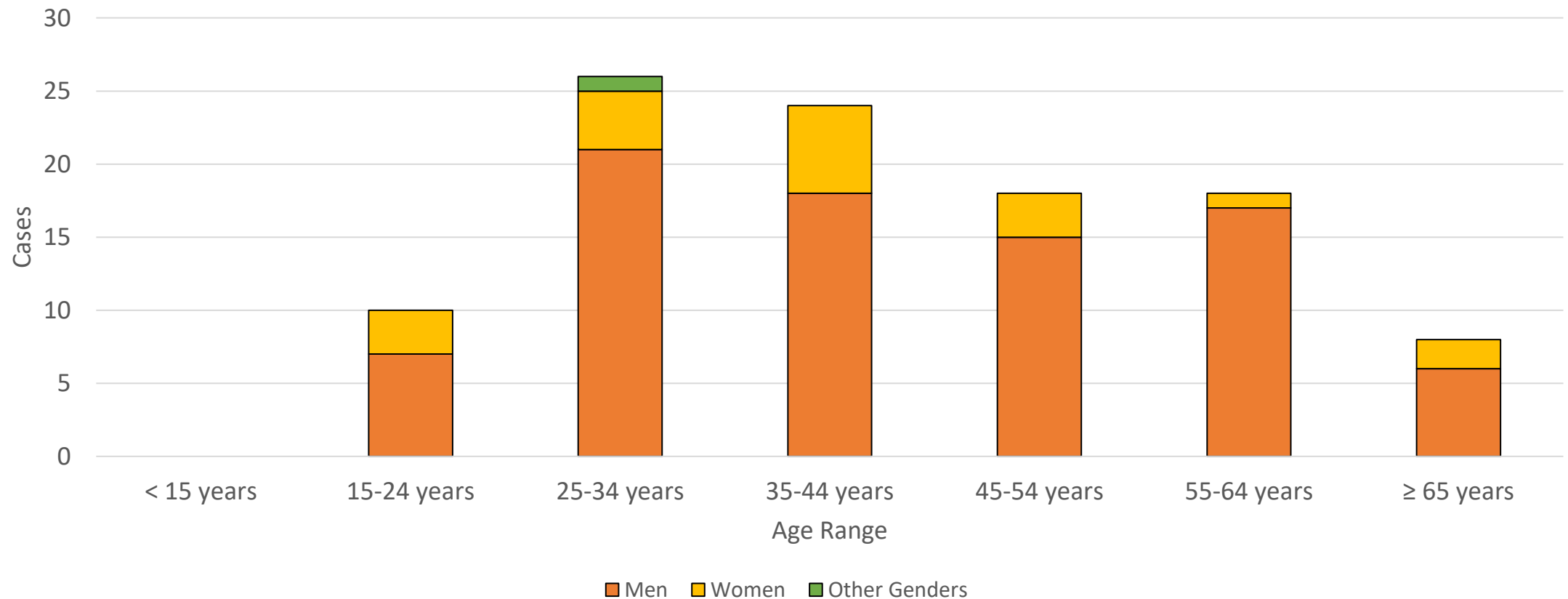
2023 Syphilis Rates by Race and Ethnicity



*Includes primary, secondary, and early latent stages

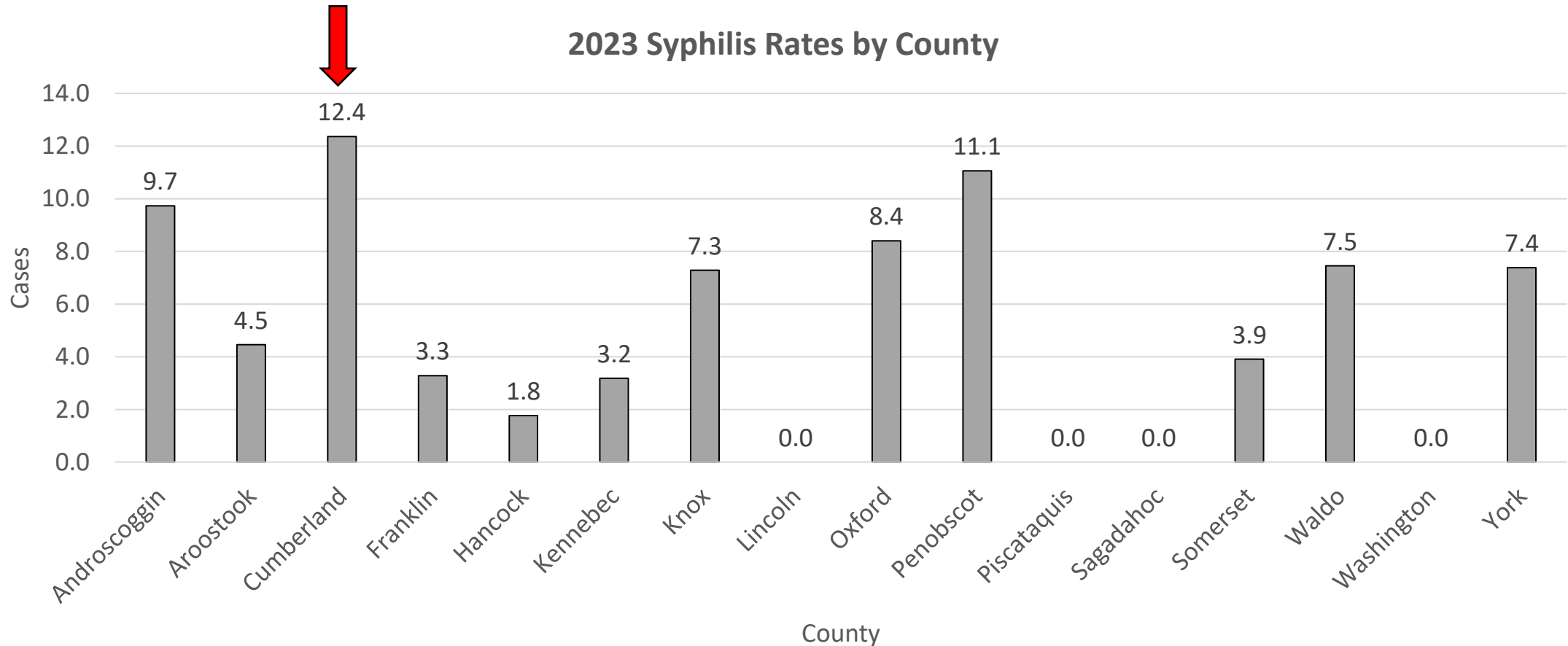
The average age for 2023 syphilis* cases was 42 years

2023 Syphilis Cases by Age Range and Gender



*Includes primary, secondary, and early latent stages

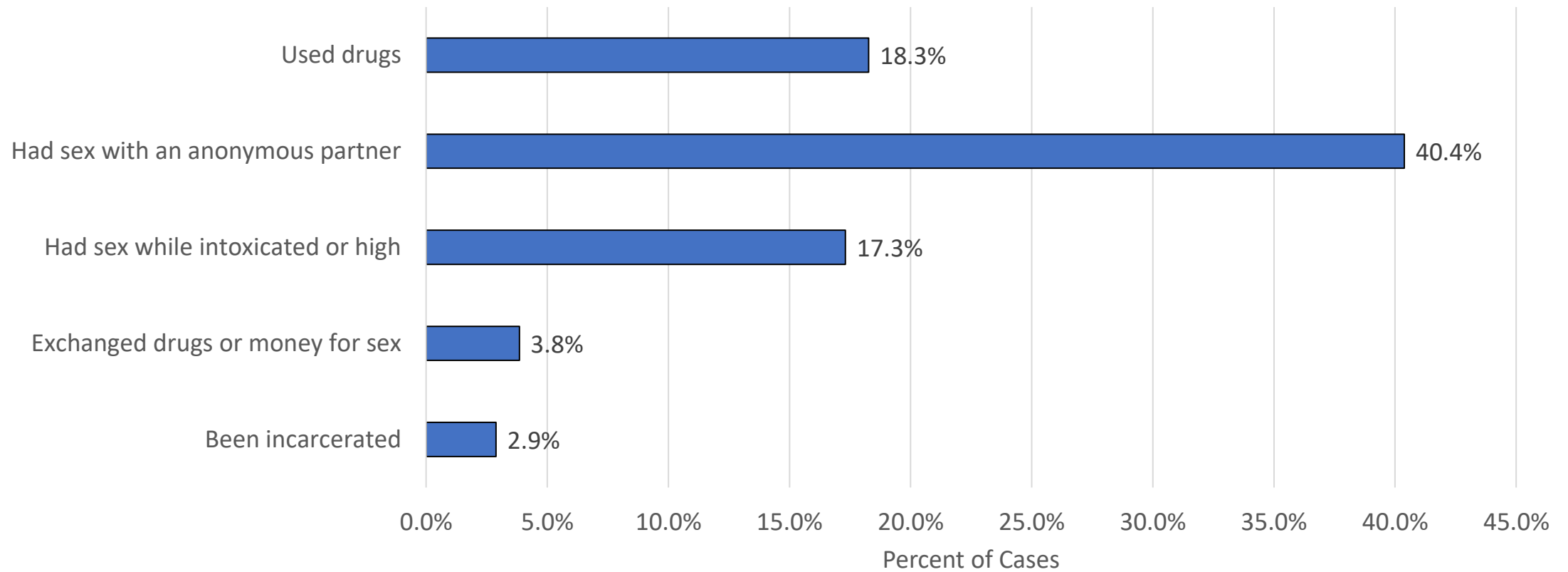
Cumberland County had the highest rate of syphilis* in 2023



*Includes primary, secondary, and early latent stages

40% of syphilis* cases reported having sex with an anonymous partner

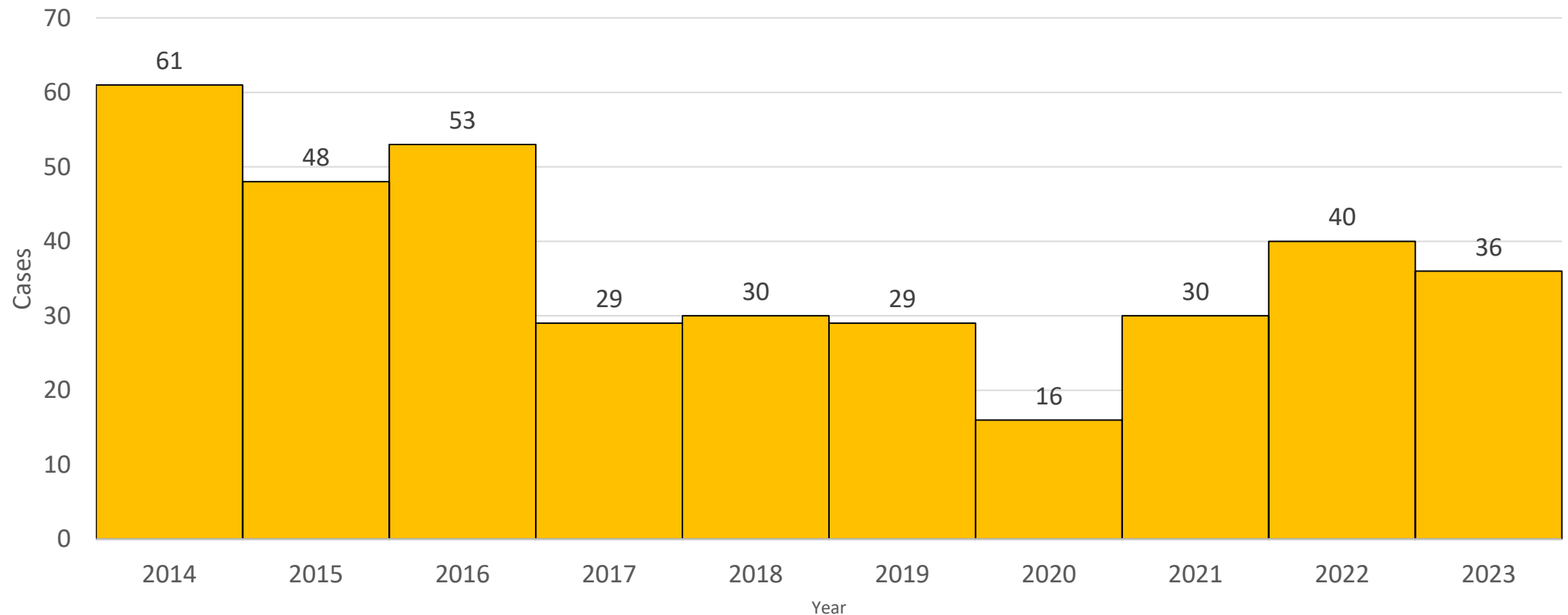
Previous 12 Month Risks Reported by Syphilis Cases, 2023



*Includes primary, secondary, and early latent stages

HIV case counts have been increasing for the past three years

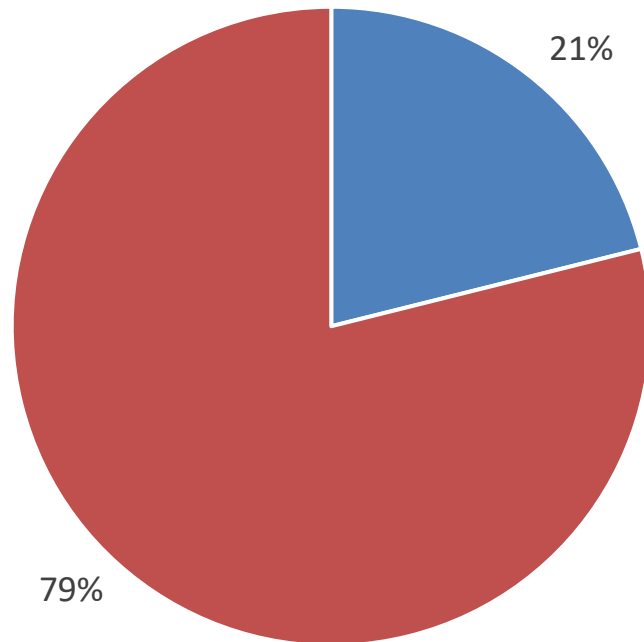
Maine HIV Cases, 2014-2023



2023 data are preliminary as of 4/22/2024
Maine Center for Disease Control and Prevention

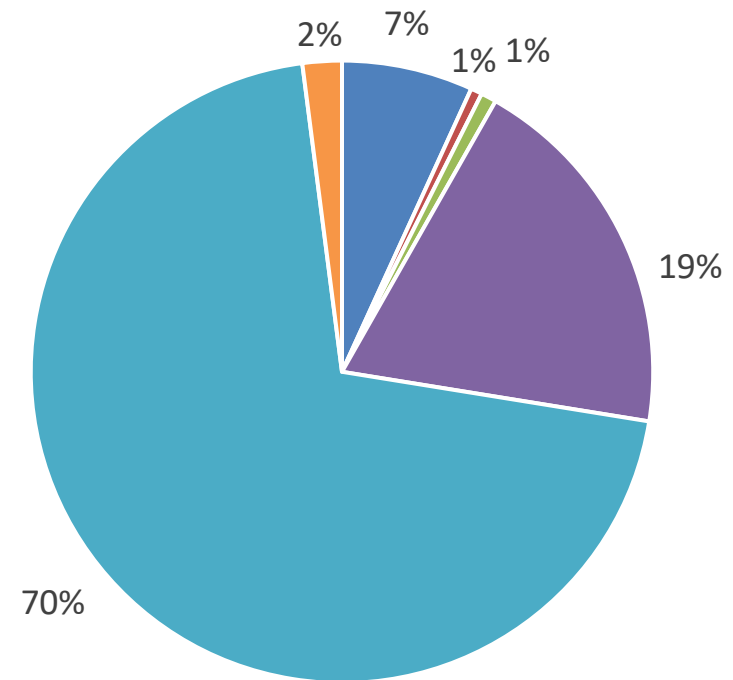
At the end of 2022 there were 1,862 people living with HIV (PLWH) in Maine

Birth Sex



■ Female ■ Male

Race & Ethnicity



■ Hispanic/Latino, all races

■ Asian

■ White

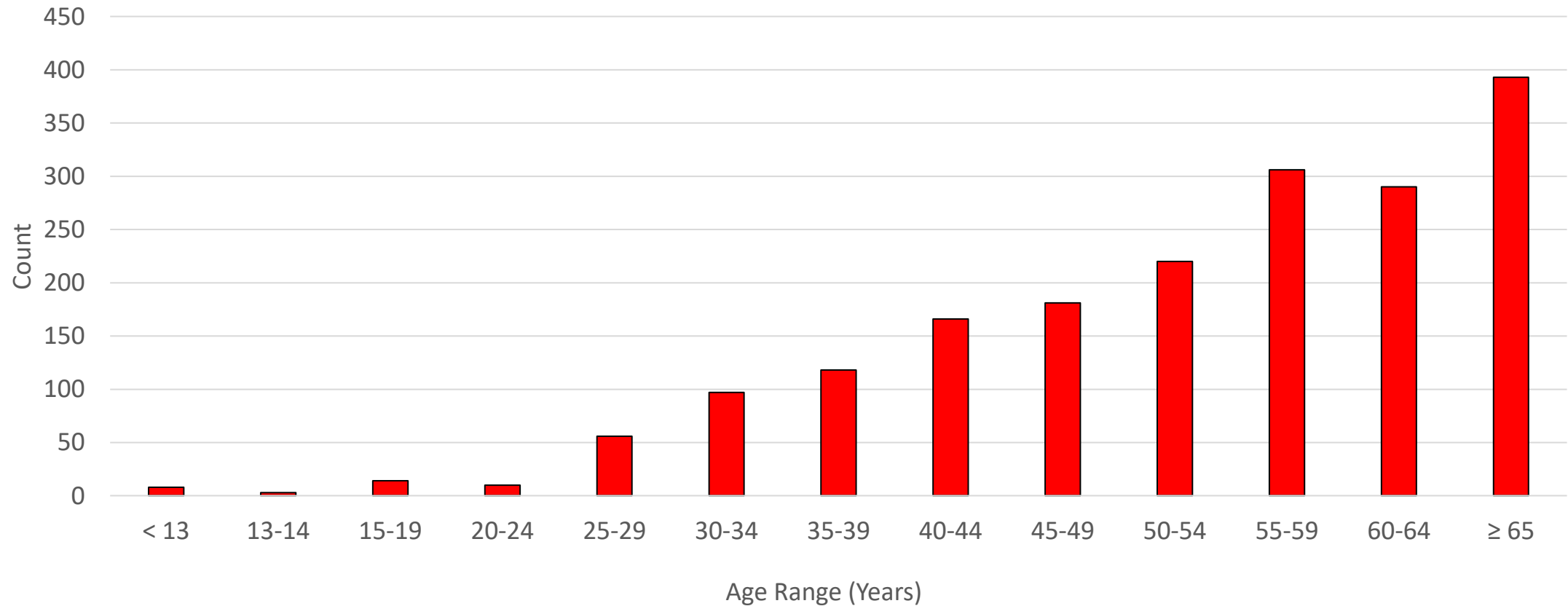
■ American Indian/Alaska Native

■ Black/African American

■ Multiracial

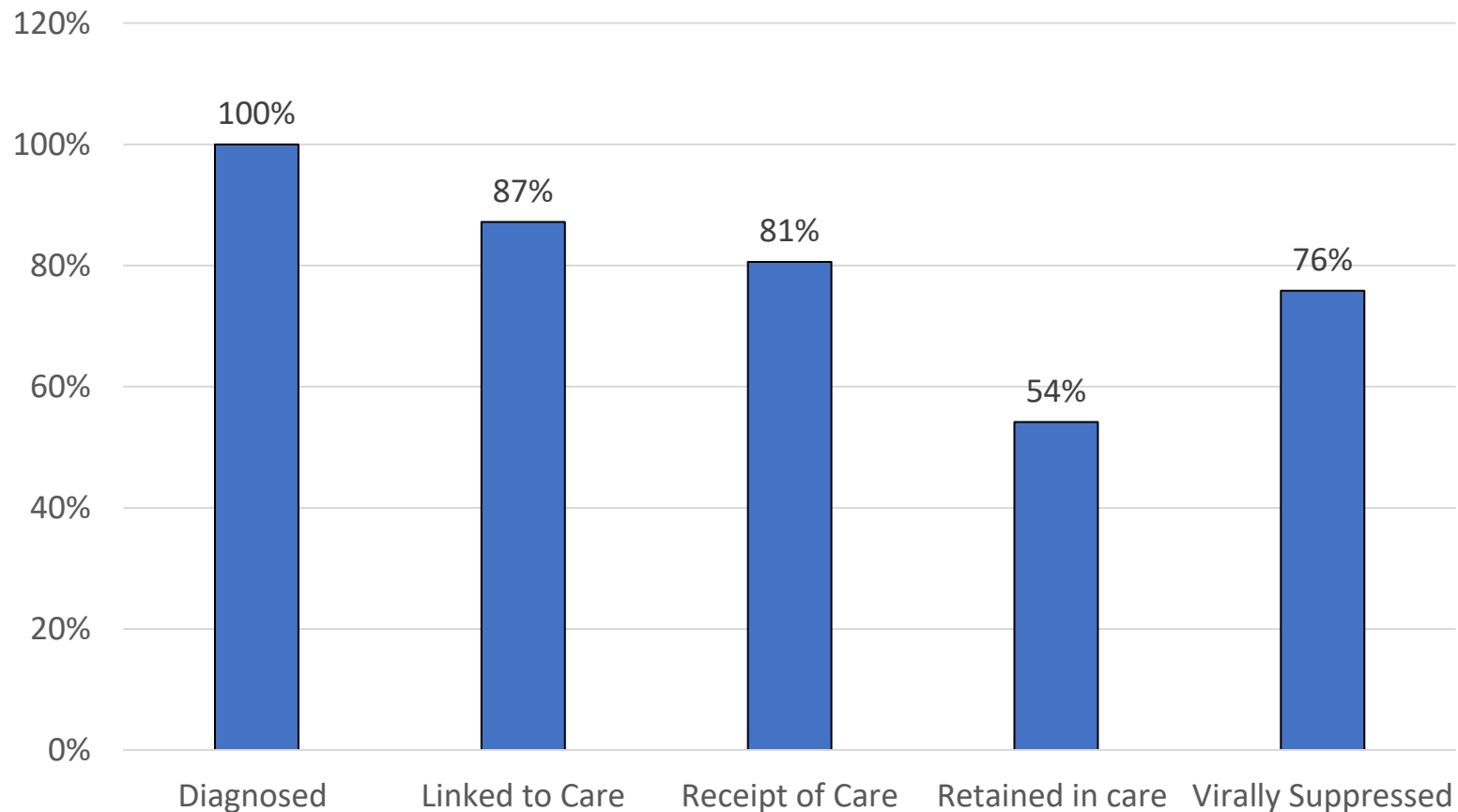
Over 50% of PLWH in Maine are 55 or older

People Living with HIV in Maine by Age Range



76% of PLWH in Maine had a suppressed viral load in 2022

Maine HIV Care Continuum, 2022



Definitions:

Linked to care: % diagnosed in CY 2022 w/ CD4 or VL within 30 days of diagnosis

Receipt of care: ≥ 1 CD4 or VL in 2022

Retained in care: ≥ 2 CD4 or VL at least 90 days apart in 2022

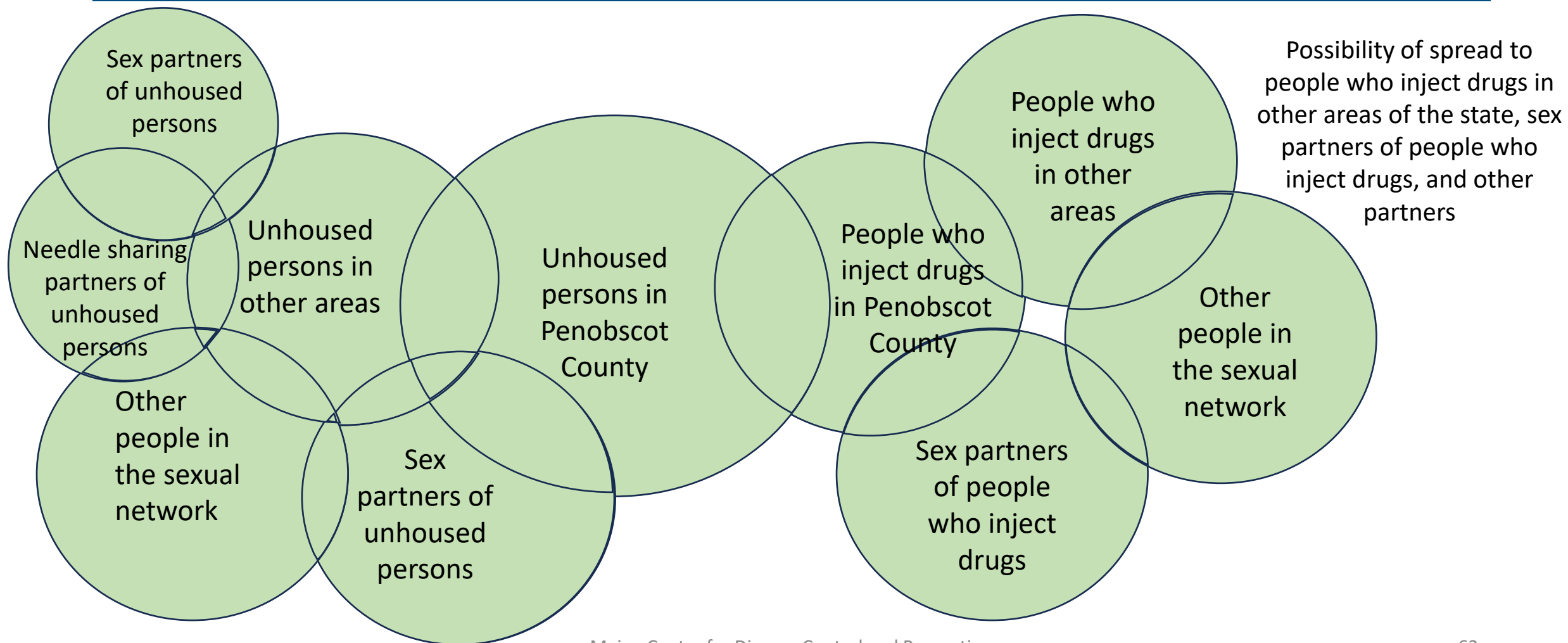
Virally suppressed: PLWH with VL result of <200 in 2022

HIV cluster among people who inject drugs (PWID) in Penobscot County

As of 4/16/2024 there are 6 confirmed cases:

- All 6 were people who inject drugs (PWID)
- All 6 are coinfecting with hepatitis C (HCV)
- 5 were unhoused at the time of diagnosis
- 3 reported sharing or reusing injection drug equipment found in the environment
- 3 were linked to care within 30 days of diagnosis

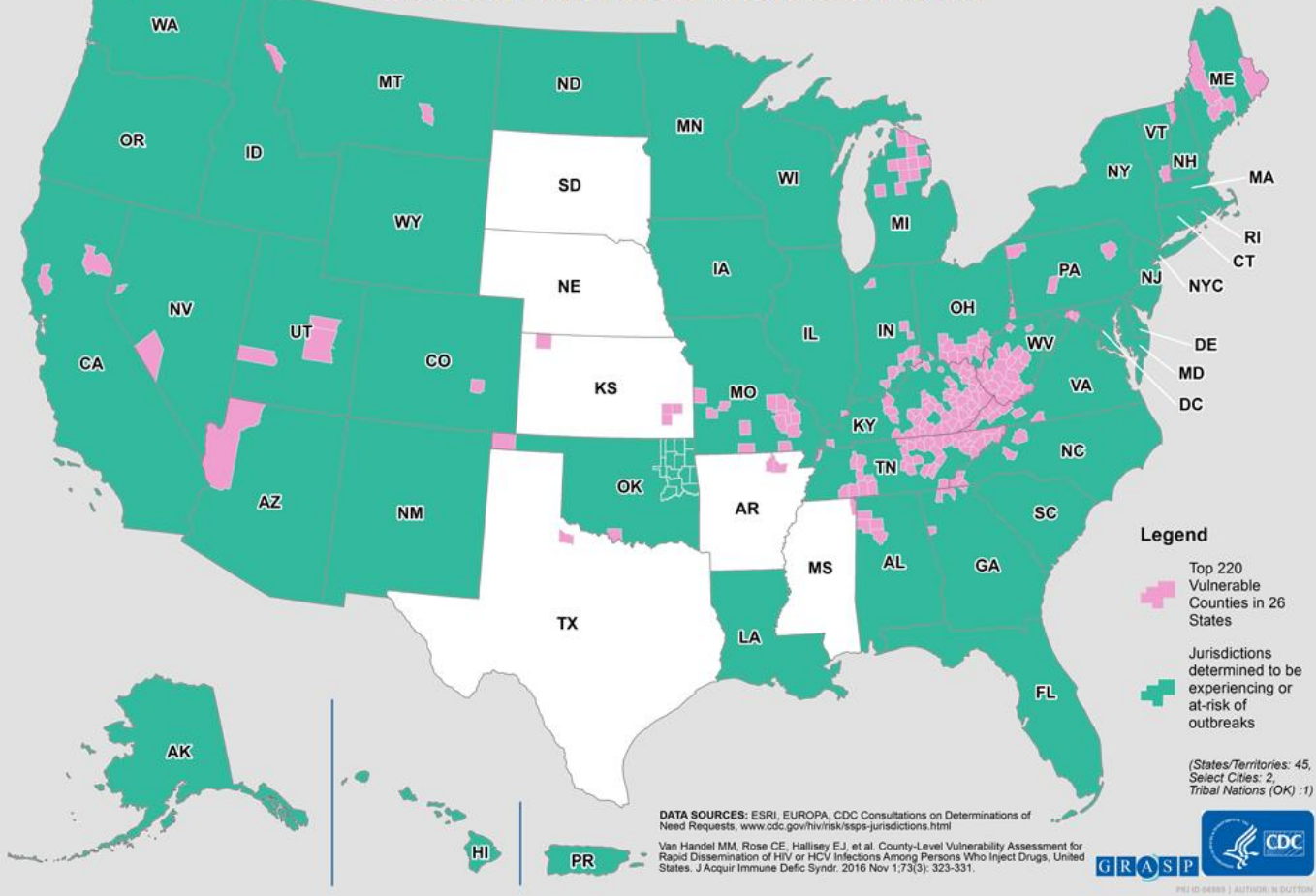
Proactive response is important to prevent further spread



Rural Counties Vulnerable to HIV Outbreak Among PWID

Vulnerable Counties and Jurisdictions Experiencing or At-Risk of Outbreaks

County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons who Inject Drugs (September 2015) and Jurisdictions Determined to be Experiencing or At-risk of Significant Increases in Hepatitis Infection or an HIV Outbreak Due to Injection Drug Use Following CDC Consultation (January 2020)



- Kennebec, Somerset, Waldo, and Washington counties have been identified as vulnerable for HIV and HCV outbreaks.

Core Cluster Response Strategies



Increase Testing

Additional testing gives people who are infected the opportunity to access care and improve their health outcomes



Increase Syringe Service Program

Provide access to sterile syringes
Reduce opportunities to reuse syringes



Connect to Treatment

People who maintain an undetectable viral load have no risk of spreading HIV through sex and reduced risk of spread through sharing syringes or other drug injection equipment








Collaborative Response with Local Trusted Partners

What is Hepatitis?



The ABC of Viral Hepatitis

Viral hepatitis is an inflammation of the liver due to viral infection.

MAIN VIRAL TYPES	HOW IT'S SPREAD
Hepatitis A Vaccine preventable	  <ul style="list-style-type: none">• Food & water• Direct contact
Hepatitis B Vaccine preventable	   <ul style="list-style-type: none">• Bodily fluids• Mother-child transmission• Blood transfusion/organ transplant
Hepatitis C Not vaccine preventable	  <ul style="list-style-type: none">• Intravenous drug use• Blood transfusion/organ transplant

SIGNS & SYMPTOMS



Safer Sex!

And sex is whatever it means to someone.





Two Things Existing At The Same Time

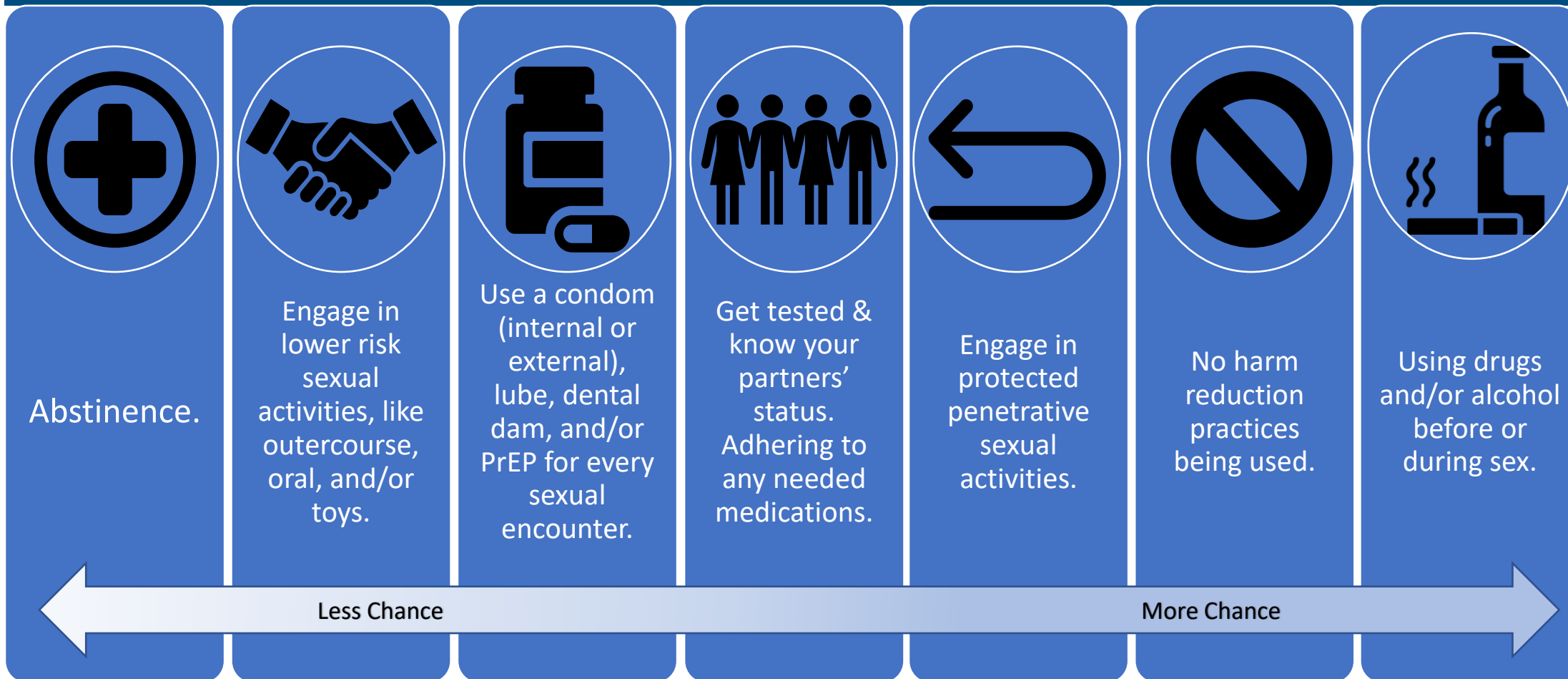
Meeting people
where they are at.
AND
Encouraging
people to engage
in safer sex
practices.

Such As...

What are examples of safer sex practices?



Safer Sex Practices



THE LOWDOWN ON HOW TO PREVENT SEXUALLY TRANSMITTED DISEASES

Practice Abstinence

The surest way to avoid STDs is to not have sex.



This means not having vaginal, oral, or anal sex.

Have Fewer Partners

Agree to only have sex with one person who agrees to only have sex with you.



Make sure you both get tested to know for sure that neither of you has an STD. This is one of the most reliable ways to avoid STDs.

Talk With Your Partner

Talk with your sex partner(s) about STDs and staying safe before having sex.



It might be uncomfortable to start the conversation, but protecting your health is your responsibility.

CDC estimates there are **MILLIONS** of new STD infections in the United States each year

Anyone who is sexually active can get an STD.

Some groups are more affected by STDs and their outcomes



Use Condoms

Using a condom correctly every time you have sex can help you avoid STDs.

Condoms lessen the risk of infection for all STDs. You still can get certain STD infections, like herpes or HPV, from contact with your partner's skin even when using a condom.



Most people say they used a condom the first time they ever had sex, but when asked about the last four weeks, less than a quarter said they used a condom every time.

Get Vaccinated

The most common STD can be prevented by a vaccine.

The HPV vaccine is safe, effective, and can help you avoid HPV-related health problems like genital warts and some cancers.

Who should get the HPV vaccine?



All boys and girls ages 11 to 12, but the vaccine can start at age 9

Everyone through age 26 years, if not vaccinated already

Get Tested

Many STDs don't have symptoms, but they can still cause health problems.



The only way to know for sure if you have an STD is to get tested.

The Good News

STDs **ARE** preventable. There are steps you can take to keep yourself and your partner(s) healthy.

Here's How You Can Avoid Giving or Getting an STD:

View Infographic Online at: www.cdc.gov/std/prevention/lowdown/

If You Test Positive...

Getting an STD is not the end!

Many STDs are curable and all are treatable.

If either you or your partner is infected with an STD that can be cured, both of you need to start treatment immediately to avoid getting re-infected.

Plus lube! Dental dams!
So many other fun things!

PrEP vs. PEP

When you take steps to protect yourself against a disease, like HIV, it's called prophylaxis. PrEP and PEP are for protecting people who are HIV negative.

PrEP stands for pre-exposure prophylaxis.

What's it called?

PEP stands for post-exposure prophylaxis.

Before HIV exposure.

PrEP is taken before sex, drug use, or other HIV exposure.

When is it taken?

After HIV exposure.

In emergency situations, PEP is started within 72 hours after possible exposure, and taken for a month thereafter.

PrEP is for people who don't have HIV and:

- are at risk of getting HIV from sex
- are at risk of getting HIV from injection drug use

Who's it for?

PEP is for people who don't have HIV but may have been exposed:

- during sex
- during a sexual assault
- at work through a needlestick or other injury
- by sharing injection drug equipment

Consistent use of PrEP can reduce the risk of getting HIV from sex by about 99% and from injection drug use by at least 74%.

How effective is it?

PEP can prevent HIV when taken correctly, but it is not always effective. Start PEP as soon as possible to give it the best chance of working.

Ask your health care provider about a prescription for PrEP, or use PrEPlocator.org to find a health care provider in your area who can prescribe PrEP.

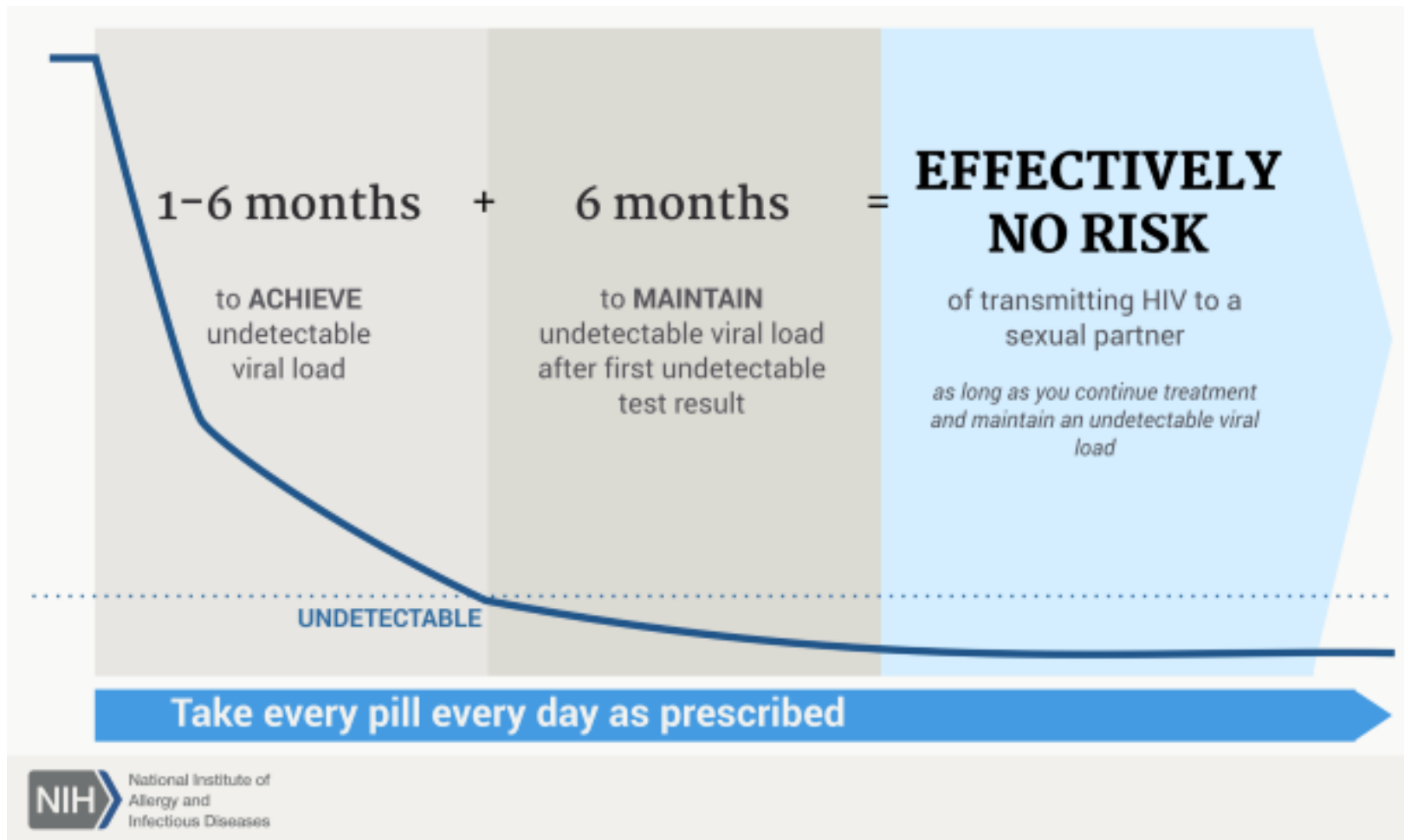
How do you get it?

Within 72 hours after potential exposure to HIV, get a PEP prescription from your health care provider, urgent care, or an emergency room.

For more information, visit HIVinfo.NIH.gov.



Undetectable = Untransmittable



Treatment as Prevention

- Antiretroviral Therapy → viral suppression → undetectable viral load
- Individuals on effective antiretroviral treatment (ART) with an undetectable viral load cannot transmit HIV to others.
- Treatment as prevention (TasP) is only effective alongside testing programs and ART adherence support.



STI vs STD

STI	Organism Type					Transmission	
	Bacterial	Viral	Protozoa	Can be cured	Cannot be cured, but can be managed	Fluids	Skin to Skin
Chlamydia	X			X		X	
Gonorrhea	X			X		X	
Syphilis	X			X			X
Trichomoniasis			X	X		X	
HSV (herpes simplex virus)		X			X		X
HPV (Human Papilloma Virus)		X			X		X

STD	Symptom				Long term effects / complications
	Discharge	Painful skin lesions	Painless skin lesions	May have no clear symptoms	
					Without treatment, STD can lead to:
Chlamydia	X			X	Pelvic Inflammatory Disease (PID), which can lead to infertility, scarring, chronic pain
Gonorrhea	X			X	PID
Syphilis			X		Paralysis, personality changes, blindness, damage to joints, etc.
Trichomoniasis	X			X	Mild to severe inflammation
HSV		X			Recurring symptoms possible
HPV			X	X	Some types of HPV produce genital warts; may lead to cervical or other cancers

Getting Tested Is For Everyone!

That is having any kind of sex.
Generally, every year. Sometimes
more often.

More often like...

- Between partners and when having new partners.
- If having sex with anonymous partners.
- If having sex without barriers/protection.
- If having sex in exchange for money/goods/favors.
- If a survivor of sexual assault.
- If using intravenous drugs.
- If pregnant.

More details here: [National Network of STD Clinical Prevention Training Centers STI Treatment Guidelines Update 2021](#)

Things to Think About...

- Try not to make assumptions based on how someone looks
 - The kinds of person someone might be with
 - The kind of sex someone might be having
 - The body parts someone might have
 - Pronouns someone might use
- Use non-judgmental and inclusive language
- Take a look at forms and papers for inclusive/exclusive language
- Match the terms they use
- Meet people where they are at

What about intervening?

When someone says something stigmatizing?

“5 Ds to Bystander Intervention”

- **Distract**
 - Change the topic in the moment, come back to it later.
- **Delegate**
 - Ask someone else for help in addressing the situation.
- **Document**
 - Write down specific examples of what is happening in order to address later with the support of someone else.
- **Delay**
 - Check in with the person who was a target of the stigmatizing language later.
- **Direct**
 - Directly confront the situation in the moment.

Think about three tangible things you can do to build connection & rapport, reduce stigma around bodies, sexuality, sex, STIs, and safer sex practices (including getting tested).

Breakout groups!



Resources

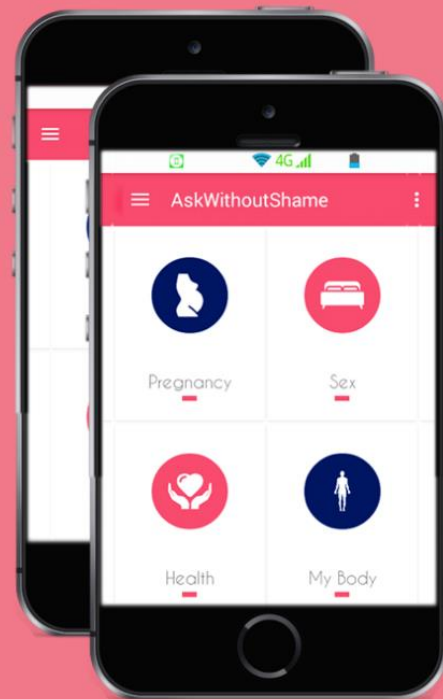


Sex-Ed Chat App

Sex Education: **THEN and #NOW**

Sex is considered a taboo in many African communities. Many youth especially girls who have been abused or raped suffer in silence due to fear of stigmatization from the family and society.

The information what a girl could do in emergency situations can have big impact on her life. Ask without Shame becomes handy since we anonymously extended free guidance and counseling services to youths via SMS and Voice Calls



Got an Itching Question?

Free and **Anonymous** service! We answer questions regarding sexual matters without judgment or shame. Whatever emergency you are facing and whatever question you have regarding sex, HIV, STDs, body changes, contraception and pregnancy, We are here for you!



askwithoutshame.org



Safer Sex Supplies

- Safer sex supplies can be ordered directly from the Maine CDC website for free!
 - www.maine.gov//dhhs/sexual-health-materials
- We have external (male) condoms, internal (female) condoms, dental dams, and lubricant.
- Find condoms near you!
 - Go to: getttested.cdc.gov



Additional Resources
and Links from PPT!
Go to the link below
or scan the QR code



tinyurl.com/3jjufdws



Wanna Learn How To Rapid Test for HIV/Hep C?

- Portland (open to all) at Portland Public Health.
 - Wednesday and Thursday May 1st and 2nd.
 - From 9 to 4. Both days required.
- Portland (***open to healthcare providers only***) at Milestone Recovery.
 - Tuesday May 14th.
 - From 9 to 2.
- Bangor (open to all) at Wabanaki Public Health.
 - Monday and Tuesday May 20th and 21st.
 - From 9 to 4. Both days required.

Spring 2024 CTR Training Sign-Up
Form



Questions?

