# STIS AND THE LIFESTYLE



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# PROTECT YOURSELF.

PROTECT YOUR PARTNERS.

HAVE PEACE OF MIND.



Tal	ble	of	Con	tents

Intr	oduction	<u>3</u>
STI	Basics	<u>4</u>
•	A Physician's Take, by Dr. Candace Chumley	<u>5</u>
٠	Curable Conditions	<u>6</u>
٠	Treatable Conditions	<u>7</u>
Trai	nsmission Risks	<u>8</u>
•	Estimated Per-Act Probability of Acquiring H from an Infected Source, by Exposure Act <sup>11</sup>	
Teel		<u>9</u>
Testing		<u>11</u>
Bibliography <u>1</u>		

# Shameless STD Testing

PROTECT YOURSELF.

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For most of us, consensual non-monogamy (CNM), or choosing to have multiple sexual partners, feels natural. Yet being nonmonogamous can feel like an uphill battle. Many of us are either closeted or potentially judged negatively by our families, workplaces, and healthcare providers.

Even when healthcare providers don't judge us negatively, the healthcare we receive can be inadequate due to their misunderstanding of modern sex lives <u>or lack of training on sexual</u> <u>health.</u>

That's what happened to me a couple of years ago. One of my partners texted me and said her husband had symptoms of gonorrhea. She thought I had infected her and then she had given it to her husband.

I told her that was impossible because I had just been tested for "everything," including gonorrhea. She told me about oral gonorrhea and that I needed to be tested with a throat swab.

I went to a new doctor, demanded the throat swab test for gonorrhea, and it turned out, I was positive.

She was right. I was an asymptomatic carrier and had infected at least two people. Possibly more!

That was frustrating because I felt like the poster child for STI testing. For over 11 years, I went in every six months to be tested for what was called a "complete STI panel." Yet I was never tested for the thing I was most likely to contract. Yikes.

That got me wondering if inadequate testing was happening to other people. I began polling our club members — people who were both polyamorous and swingers — and discovered that the situation was worse than I'd imagined. There was no consistency in what physicians were ordering for STI tests, and only 3% of members had had a throat swab test for gonorrhea and chlamydia. That is shockingly low based on how many people have unprotected oral sex.

So Shameless Care was born. We hope this guidebook is a step towards a healthy, shame free sex life.

Robert

om

President, Shameless Care

P.S. Shameless Care is science-based. It is not faith-based, fear-based, or shame-based, like most sexual education. Therefore, some of the things you read here may be new or different than what you remember from your junior high or high school health classes. You should follow all the citation links to read and consider the data yourself.

# **STI Basics**

A Physician's Take by Dr. Candace Chumley



# A Physician's Take by Dr. Candace Chumley



On the way to helping you decide your own STI testing schedule, we'll define STIs, look at the most common, and discuss their transmission risk.

Before we get started, one quick note about whether to say sexually transmitted disease (STD) or sexually transmitted infections (STI). The debate over which term to use has raged for years. I prefer the term STI, but they mean the same thing.

### What is an STI?

An STI is an infection transmitted during sexual activity. It is hard to come up with a definitive list because many illnesses can be transmitted during sex that most people wouldn't consider an STI.

For instance, the most common disease likely spread amongst swingers is strep throat. Would you consider strep throat to be an STI?

You may be thinking, "But strep throat is no big deal, while STIs are devastating." Indeed, some STIs are severe medical issues, but many are harmless, curable, or destroyed by your immune system. How you choose to feel about gonorrhea versus strep throat is up to you, but they are both bacterial infections spread from person to person and easily treated by antibiotics.

I include a list of STIs below, but please understand that there is no definitive list based on the uncertainty about what diseases qualify and which do not.

## The STIs

I will break these down into curable and treatable conditions. While not every STI is curable, they are all treatable. HIV, for example, due to medical advancements, has gone from a death sentence to being so manageable with drugs that many people with HIV live virtually normal lives!

Curable conditions include gonorrhea, chlamydia, syphilis, and trichomoniasis. Treatable conditions include HIV, herpes, hepatitis A, hepatitis B, hepatitis C, and HPV.

# **Curable Conditions**



**Gonorrhea is a bacterium** that can infect the genitals, rectum, and throat. It's common, with about 1.6 million diagnoses in the United States each year. Gonorrhea is curable with antibiotics. Gonorrhea can often be asymptomatic, particularly in the throat, making oral sex an effective transmission route.<sup>1</sup>

**Chlamydia**, like gonorrhea, is also a bacterium that infects the genitals, rectum, and throat. It's also common, with about 4 million infections per year in the United States. The CDC estimates that about 1 out of 20 sexually active young women between the ages of 18 and 24 have chlamydia. It's also curable with antibiotics. Chlamydia is often asymptomatic.<sup>2</sup>

**Syphilis** is a bacterium that can also infect the genitals, rectum, and throat. It's much less common than gonorrhea and chlamydia, with 133,945 cases reported in the United States in 2020. Syphilis can be asymptomatic.<sup>3</sup>

**Trichomoniasis** is a parasite that infects the urinary tract of both men and women. Trichomoniasis is extremely common, with about 8 million cases in the United States annually. In men, it's often asymptomatic.<sup>4</sup>

# **Treatable Conditions**



**Human immunodeficiency virus (HIV)** is a virus that weakens a person's immune system. HIV spreads mostly by blood-to-blood contact. If left untreated, HIV can become acquired immune deficiency syndrome (AIDS), which is not a different disease but rather an advanced stage of HIV. HIV is usually symptomatic for the first week or two and then becomes asymptomatic for a lengthy period.<sup>5</sup>

**Herpes simplex virus**, often just called herpes, is caused by two types of viruses: herpes simplex virus type 1 and herpes simplex virus type 2. Either can infect the genitals or the mouth. Both varieties of herpes can be asymptomatic.<sup>6</sup>

**Hepatitis (hep)** means inflammation of the liver. It is a virus. There are many types of hepatitis, but we will discuss in this document: hepatitis A, hepatitis B, and hepatitis C. You can have any of these types of hep without obvious symptoms.

**Hep A** can be spread by sex as well as by eating infected food or drinking infected water. A vaccine can prevent hep A, and you should talk with your physician about becoming vaccinated. There are about 37,700 acute hep A infections in the United States. Most people with hep A do not have a long-lasting illness.<sup>7</sup>

**Hep B** spread requires blood, semen, or other body fluids transmission. Hep B is also preventable by vaccine, and you should talk with your physician about becoming vaccinated. About 2-6% of adults infected with hep B develop chronic infections. There are about 21,600 acute infections in the United States.<sup>8</sup>

**Hep C** is of the most concern sexually because it is not vaccine-preventable, and it is also the most common, with 57,500 infections in the United States in 2019. Hep C spreads through blood-to-blood contact. Most people respond well to treatment, and the virus can usually be cured if caught early.<sup>9</sup>

Human papillomavirus (HPV) is the most common sexually transmitted disease in the United States. There are about 43 million cases of HPV in the United States. HPV has over 100 strains, but fortunately, not all are dangerous.

Also fortunately, vaccines can prevent the most dangerous strains that cause cancer and warts. HPV is unavoidable. It's described as the "common cold" of the sex world. If you are female and sexually active, you will likely test positive for HPV during your next pap smear.<sup>10</sup>

Ideally, people are vaccinated against the most harmful strains of HPV while young, but, getting vaccinated late is better than never. Even if you've been non-monogamous for a while, it's still crucial that you get vaccinated for HPV.

# Transmission Risks



# **Transmission Risks**



Some STIs spread with incredible ease, while others are more difficult to transmit or acquire.

Bacterial and parasitic infections (gonorrhea, chlamydia, syphilis and trichomoniasis) spread quickly. In other words, if you put a gonorrhea-infected penis in your mouth (or any other variety of play you can imagine), you're likely going to be infected.

That's not as true for the dangerous, blood-based, viral infections like hepatitis and HIV. Those two viruses usually require an infected person's blood to contact another person's blood.

This blood-to-blood infection mechanism is why the transmission risk is much higher for anal sex than vaginal sex. For example, the risk of getting HIV through anal sex is 12 times higher than getting it through vaginal sex.<sup>11</sup>

The risk of hep C transmission during penis-in-vagina sex is low.<sup>12</sup> In married, monogamous couples where one person has hep C and the other doesn't, the transmission rate is less than 1% per year.<sup>13</sup>

Likewise, HIV infection during penis-in-vagina sex is relatively low as well. According to the CDC, if 10,000 women had penis-in-vagina sex with 10,000 HIV-positive men without condoms approximately 11 would become infected. Of course, this is an estimate based on the transmission rate.<sup>14</sup>

That's a one-fifth-of-one-percent chance of being infected if you did have unprotected penis-in-vagina sex with an HIV-positive person.

HIV is a very serious disease, but if you were raised in the 1980's or 1990's, then HIV was probably the focal point of your sexual education in school. Anyone who has sex outside of a tested and monogamous relationship is at some risk of HIV, but we aren't all at the same risk. Some of our risks are hundreds of times higher than others. These risk profiles need to be examined and considered when choosing your testing protocol.

# Estimated Per-Act Probability of Acquiring HIV from an Infected Source, by Exposure Act <sup>11</sup>

Type of Exposure	Risk per 10,000 Exposures
Parenteral	
Blood transfusion	9,250
Needle-sharing during injections drug use	63
Sexual	
Receptive Anal Intercourse	138
Insertive Anal Intercourse	11
Receptive Penile-Vaginal Intercourse	8
Receptive Oral Intercourse	Low
Insertive Oral Intercourse	Low

# Testing







It would be easy to say that everyone should be tested for every STI as often as possible. But tests are not inexpensive. Even someone with insurance cannot go to their physician and get tested as often as they would probably like.

Each person has unique sexual behaviors and needs a unique testing protocol.

Let's look at two different people and their lifestyles. Person A is a polyamorous woman with eight sexual partners, each of whom has their own set of lovers. She has receptive penis-in-vagina sex and anal sex, but always with condoms. She never uses barrier protection (condoms/dental dams) for oral sex.

Person B is a part of a couple who consider themselves swingers. They go to an international swinger resort once per year to swap with other couples. They are monogamous the other 51 weeks of the year. Person B always uses condoms for penis-in-vagina sex and never has anal sex.

Clearly these two people require entirely different STI testing packages. Person A likely needs oral gonorrhea and chlamydia testing as often as monthly, with less frequent testing for other STIs (based upon condom use for penetrative sex).

Person B requires a full STI panel before their vacation to demonstrate to potential playmates that they are STI negative, and another full panel three weeks after returning to ensure that they didn't contract anything on the trip. They get tested twice per year, but each test is only five weeks apart due to their particular lifestyle.

There are infinite ways people have sex and enjoy the lifestyle — far too many to list all the examples here. The point is that we can use science and information about people's sexual practices to create customized, sciencebased testing protocols tailored to your specific exposure risks.

Shameless Care has a free science-based questionnaire. Based on your answers, the form recommends one of 27 customized testing packages. Feel free to take our science-based questionnaire <u>here</u> and take the results to your physician.

You may be thinking, "Can't I just go to my doctor and tell them what I want?" Most likely, and if you have insurance, that will be much less expensive.



However, if you have multiple new partners per year and unprotected oral sex, you may find that you cannot test for things like gonorrhea and chlamydia as often as you should.

Doctors' offices likely cannot bill your insurance multiple times per year. You may also find that your physician refuses to do a throat-swab collection because they don't understand STIs well enough.

Step One: Complete	e our questionaire.
This form below helps us suggest what te	
Please check all of the follo partner(s) at least occasion partner(s) without barrier p	ally engage with new
□ Giving Oral Sex	
Receiving Oral Sex	
□ Vaginal Sex	
$\Box$ Anal Sex (as penetrating partner)	
$\Box$ Anal Sex (as penetrated partner)	
Next	
	•

Oh, and please strongly consider getting vaccinated for hep A, hep B, and HPV. It will save you a lot of money on future testing and can protect your health.



We want you to have an active, healthy, and shame-free sex life regardless of whether you become a customer of Shameless Care.

# YOUR PERFECT Testing Plan

Step Two: Select your package.

Based on your answers, here is a range of packages we suggest. These prices are for a year's worth of tests.

RECOMMENDED

Kit includes these tests:

• (4) Chlamydia Oral

• (4) Gonorrhea Oral

• (2) Trichomonas

• (4) Syphilis

• (4) Chlamydia Genital

• (4) Gonorrhea Genital

#### LEVEL DOWN

#### Kit includes these tests:

- (3) Chlamydia Oral
- (3) Gonorrhea Oral
- (3) Chlamydia Genital
- (3) Gonorrhea Genital
- (1) Trichomonas
- (3) Syphilis
- (1) HIV
- (1) Herpes Simplex 1&2

#### • (1) HIV

• (1) Herpes Simplex 1&2

#### LEVEL UP

#### Kit includes these tests:

- (6) Chlamydia Oral
- (6) Gonorrhea Oral
- (6) Chlamydia Genital
- (6) Gonorrhea Genital
- (3) Trichomonas
- (6) Syphilis
- (1) HIV
- (2) Herpes Simplex 1&2

#### ADD TO CART

Why am I getting this recommendation?

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# Bibliography



<sup>1</sup><u>https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea-detailed.htm</u>

<sup>2</sup><u>https://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm</u>

<sup>3</sup><u>https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm</u>

<sup>4</sup><u>https://www.cdc.gov/std/trichomonas/stdfact-trichomoniasis.htm</u>

<sup>5</sup><u>https://www.cdc.gov/hiv/basics/whatishiv.html</u>

<sup>6</sup><u>https://www.cdc.gov/std/herpes/stdfact-herpes-detailed.htm</u>

<sup>7</sup><u>https://www.cdc.gov/hepatitis/hav/pdfs/hepageneralfactsheet.pdf</u>

<sup>8</sup><u>https://www.cdc.gov/hepatitis/hbv/index.htm</u>

<sup>9</sup><u>https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#section1</u>

<sup>10</sup>Dr Ina Park, Strange Bedfellows: Adventures in the Science, History, and Surprising Secrets of STDS. New York. Flat Iron Books, 2021

<sup>11</sup><u>https://www.cdc.gov/hiv/risk/estimates/riskbehaviors.html</u>

<sup>12</sup><u>https://www.cdc.gov/hepatitis/hcv/cfaq.htm</u>

<sup>13</sup><u>https://www.hepatitisc.uw.edu/pdf/screening-diagnosis/epidemiology-us/core-concept/all</u>

<sup>14</sup><u>https://www.cdc.gov/hiv/risk/estimates/riskbehaviors.html</u>



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