

NATIONAL COALITION OF GAY STD SERVICES

Volume 2 #3 January, 1981

This Newsletter is published by the National Coalition of Gay Sexuality Transmitted Disease Services (NCGSTDS). Suggestions for articles on STDs in gay people, questions about the venereal diseases, and inquiries about membership (Associate/Corporate membership--\$250/year; Gay or Nongay Group Medical Practice--\$50/year; Gay or Nongay Individual Physician or other Practitioner--\$25/year; Gay STD Service--\$20/year; and Individual (not in other categories)--\$10/year) may be addressed to: Mark P. Behar, Chairperson, NCGSTDS, 1637 N. 21st Road, #9, Arlington, VA 22209, or by phoning 703/525-0812. Please credit the Coalition when reprinting items from the Newsletter.

* * * * *

AUDIO TAPES OF NCGSTDS SEMI-ANNUAL MEETING

Audio cassette tapes of the October 19, 1980 NCGSTDS semi-annual meeting at APHA's Detroit convention, along with presentations and discussions of Mark Behar's talk on Healthful Guidelines for Recreational Sex, and David Ostrow's talk on Evaluating Outreach Programs to Identify and Control STDs in the Gay Male Population, are available to Coalition members at no cost, by sending 3-120 minute cassettes and \$1 in postage (or the equivalent in stamps) to the NCGSTDS. Unfortunately, an intermittent interference (AM radio, etiology unknown) occasionally obscures the discussion, however most of the meeting is audible (no guarantees of quality!). See elsewhere in this Newsletter for a report of the meeting. Please address all requests and remittances to the NCGSTDS, in care of the above address. An official meeting agenda will be included.

* * * * *

ROBERT L. LIVINGSTON MEMORIAL HEALTH CENTER SEEKS INFORMATION

New York City gay people will soon have a multiservice health walk-in facility that specializes in STDs, and according to Director Ron Vachon, formerly of Boston's Fenway Clinic, the Robert L. Livingston Memorial Health Center (RLMHC) is scheduled to begin operations in February. Coalition members are asked to send copies of their clinic protocols, treatment schedules, operation manuals, and any other information that addresses VD clinic operations to Ron, c/o 45 Crosby St., New York, NY 10012, or call him at 212/431-4067.

The RLMHC is a project of Gay Is Healthy, Inc., an organization that hopes to expand the clinic's services to include general practice for the NY lesbian and gay community, however gay STDs will be emphasized.

* * *

TUCSON CLINIC CLOSES

According to Director Al Obermaier, the Gay Community Services of Tucson VD Testing Center has once again officially disbanded, January 7, 1981. The County Health Department has established an "Alternate Lifestyle VD Clinic," without the cooperation of the GCS personnel, although one of the GCS physicians was hired to serve as one of the clinicians. GCS will continue to offer VD telephone counseling and refer patients to a selected physician referral list but will be prepared to reopen if the County Clinic doesn't succeed in meeting the needs of the gay community. This is the second time

(CONTINUED)

TUCSON CLINIC, continued

within the year that the GCS's VD Testing Center has closed due to problems with County Health Department officials. "I've always said it's the County's responsibility to treat gay patients the same as they treat straights," said Al.

* * *

WHITMAN-WALKER GAY MEN'S VD CLINIC

A special welcome is extended to the staff of Washington, DC's Whitman-Walker Gay Men's VD Clinic as the Coalition's newest member. Whitman-Walker is one of the nation's largest gay VD programs, with well over 600 client visits per month, and services in gay and lesbian counseling, lesbian health, and alcohol & drug abuse, as well as VD services. The Clinic was established as the Gay Men's VD Clinic in May, 1973, and later incorporated as the multi-service WWC in October, 1978.

The WWC held an open house November 30, 1980, marking the formal opening of services at its new location at 2335 18th Street, NW. More than 200 persons attended the event, which featured singers Andrea Floyd and Jack Guidone, who was accompanied by guitarist Mike Madden. Also at the open house was a representative from the mayor's office, who read a proclamation designating November 30 as Whitman-Walker Clinic Day in the District of Columbia. Clinic Board President Jaime Fernandez dedicated the open house to the hundreds of volunteers that worked with the Clinic and thanked them for their dedication and service to the community. The Clinic moved to its present location in October as part of a plan to reduce expenses and stabilize a precarious financial condition.

Fernandez outlined several events as evidence of the new Whitman-Walker Clinic: 1) Hiring a certified, full time laboratory technologist to perform expanded and more sophisticated testing for STDs. 2) Extension of the Gay Men's VD Clinic to Thursday evenings, beginning January 15, in addition to current services offered on Tuesday evenings and Saturdays. 3) Recently completed taping of four public service announcements for the Clinic to air on WTTG-TV. Two of the PSAs feature a female voice-over, and two feature a male voice-over. 4) The institution of an integrated counseling program for lesbians and gay men. The peer counseling program would form the nucleus for the addition of professional psychotherapy services as soon as practicable by qualified personnel.

* * * * *

LA's GAY & LESBIAN COMMUNITY SERVICES CENTER RECEIVES GRANT

Thom Nylund, Coordinator of the Men's Clinic of the Gay & Lesbian Community Services Center of Los Angeles is happy to announce the receipt of a \$50,000 grant from California's Office of Statewide Health Planning & Development to upgrade clinic facilities and make them accessible to the environmentally challenged (handicapped) patient. Lab facilities will also be improved during the renovations. Thom also announced that a new bill recently introduced into the California legislature would make physicians liable to malpractice lawsuits for injury to a patient at the hands of another physician to whom the patient was referred.

* * *

STD SUMMARY POSTER

Enclosed with this Newsletter for clinics & services only, is the CDC publication Sexually Transmitted Diseases Summary (00-3380) describing the etiology, prevalence, clinical presentation, diagnosis, therapy, and complications of gonorrhea, syphilis, NGU, trichomoniasis, genital herpes, vulvovaginal candidiasis, hemophilus vaginalis, pediculosis pubis,

[Continued]

STD SUMMARY POSTER, continued

scabies, condyloma accuminata, chancroid, lymphogranuloma venereum, granuloma inguinale, and hepatitis B, on a heavy stock, 22" x 24" folded poster. Additional copies are available directly from the CDC.

* * *

NCGSTDS REVISED MEMBERSHIP-MAILING ROSTER

Enclosed with this Newsletter is the Coalition's latest revised membership-mailing roster, including the names & addresses of all members and friends except those requesting confidentiality (page 4 of the roster is therefore not included). The roster is being mailed and circulated to members only, in order to facilitate communication and sharing of ideas. Please send additions and corrections to the NCGSTDS, 1637 N. 21st Road, #9, Arlington, VA 22209, for inclusion in future Newsletters.

* * *

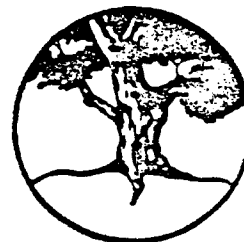
NEW PRODUCT ALERT: BIOCULT-GC

Biocult-GC is a dip-slide culture method for detecting the presence of *Neisseria gonorrhoea* in endocervical, urethral or rectal specimens. The method has been developed to enable practitioners and clinics with restricted laboratory facilities to diagnose gonococcal infections themselves. The dip-slide also serves as a transport medium when cultures are sent to the laboratory for diagnosis and further examination. The Biocult-GC test system consists of a plastic slide covered on both sides with a modification of the Thayer-Martin medium. CO2 tablets are packed in aluminum foil along with the slides to provide the necessary high carbon dioxide tension atmosphere required for specimen incubation. Separately packed oxidase reagent (1% aqueous solution of tetramethyl-p-phenylenediamine dihydrochloride) facilitates primary identification of colonies. The product is available through Medical Technology Corporation, c/o Michael Katz, 31 DiCarolis Court, Hackensack, NJ 07602, or by phoning toll-free, 800/631-1692. Please report your use of Biocult-GC to the Coalition for reporting in the Newsletter.

* * *

PLANETREE: A NONPROFIT HEALTH RESOURCE CENTER

Planetree, a nonprofit health resource center in San Francisco, is compiling a resource file on lesbian & gay health care, and STDs for consumer and professional use. Planetree's goal is to recreate those personal and humane elements of the healing process and to develop a series of operating centers where these concepts can be taught and put into practice. Through preventive health care and making health education readily available to the public, health will be promoted and the need for hospitalization reduced. [The name Planetree is derived from Hippocrates, the father of medicine, who allegedly taught his students in the shade of a plane tree in ancient Greece.] For more information, please contact Garland Kyle, Planetree, 2829 Pacific Av., San Francisco, CA 94115 or call 415/921-0367.



* * *

REVIEW: THE HERPES BOOK, by Richard Hamilton, MD. J.P. Tarcher, Inc., Los Angeles, 1980. Distributed by St. Martin's Press, New York. \$9.95.

by Roger Gremminger, MD

[The following review is reprinted with permission from GPU NEWS, volume 10:3, December, 1980. GPU NEWS (ISSN 0145-5400) is a monthly publication of Liberation Publications, Inc., a Wisconsin Corporation, PO Box 92203, Milwaukee, WI 53202. Subscription rates: \$10/year. © Copyright, 1980 by Liberation Publications, Inc.]

[Continued]

REVIEW: THE HERPES BOOK, continued

Dr. Gremminger is the medical director of the Gay Peoples Union STD Clinic, Milwaukee.

With the increasing awareness of diseases that are transmitted by sexual contact, the term VD or venereal disease which has almost solely been associated with gonorrhea and syphilis is being discarded. In its place the term Sexually Transmitted Diseases or STDs is now gaining usage. This term brings both the doctor and the patient to think in larger terms. There are perhaps two or three dozen STDs, including hepatitis A and B and various virus skin diseases. Gonorrhea and syphilis, although easily treated, still have the worst complications if left untreated. But, unlike most STDs, herpes, a virus skin disease, is an STD which has no cure. Once a person is infected, he or she is always infected and has quiet periods and episodes of recurrence. The periods of recurrence can have dire consequences, particularly for newborn infants whose mothers have active herpes sores at the time of birth. It is estimated that between 50 and 150 million people in the United States, or about half of our population, is infected with labial (lip) or genital herpes.

It is in this background that Dr. Hamilton's book, *The Herpes Book*, is loudly applauded and much welcomed and needed. I found the book to be both medically accurate and yet easily readable for the lay person. I can find no fault with the content of the book. It is very thorough and I might add, more thorough than really is necessary in places. For example, Chapter two is devoted entirely to the history of herpes, from the Greeks to the present time. While this is

perhaps interesting, many readers may find it unnecessary.

His recommendations throughout the book are excellent. Chapters one and five are particularly fine. Chapter one is so precise and condensed that it should be published separately for distribution in public and private clinics. Chapter five is truly holistic and takes into account the emotional status, the nutritional and conditioning status of the individual. Certainly health is much more than the avoidance of disease. It must be a style of living which respects the body.

However, I did think his discussion of herpes and infants is a little weak. He could have elaborated more on an approach to a healthful and happy delivery with minimal risk or worry about the infant contracting herpes. This is still the worst consequence of herpes, because 25 percent of all infected infants die and another 25 percent are born with severe brain damage. An intelligent approach to delivery with Caesarian section used if necessary can largely avoid the problem.

In his chapter on herpes and cancer of the cervix, his recommendations came in the last half paragraph of the chapter. I should have liked to have seen a more complete discussion. Basically, any woman with herpes should know that; yes, there is an association with cancer, but it is very slow to develop and pap smears twice a

year can find such changes early. It is possible then to take a cone excision of the cancer cells and preserve the woman's reproductive potential. No woman need die of cancer of the cervix in this day and age with early diagnosis and proper treatment.

Although Chapter three, on the body's immune response to infection with herpes, seems long and involved, this chapter is vital to Dr. Hamilton's book. Here he offers new developments and recent knowledge to bring the reader to an adequate understanding of infections in infants, detailing past treatments which were tried and which failed and new treatments which are presently being investigated.

I would like to comment on herpes and sexual orientation. Dr. Hamilton did not even mention this topic in his book. In my experience, herpes—for one reason or another—is largely a problem for the straight or bisexual person. Gay people seem rarely to get it and lesbians almost never get it. However, this does not mean that gays particularly those who are sexually active, should not be aware of the symptoms and treatments for herpes. In summary, this book is well worth the attention of anyone with herpes, as well as anyone who is involved with someone with herpes. This book can only contribute to a healthful and happy life for herpes victims. It can also help to decrease the spread of this disease. So, we thank Dr. Hamilton for *The Herpes Book*.

* * * *

CDC SPONSORED MEETING--FINAL CALL FOR GAY STD RESEARCH PRIORITIES LISTS

The VD Control Division of the Center for Disease Control (CDC) will be sponsoring a "working" meeting of 6-8 gay STD service providers (clinicians, researchers, administrators) during the summer in Atlanta to establish a gay STD research priority list to aid CDC, NIH, NIAID, and other officials in the allocation of research monies. Those actively involved as gay STD service providers (MDs, PAs, RNs, MPHs, PhDs, researchers, administrators, etc.) are requested to submit and briefly justify a rough draft of gay STD research priorities to the

[Continued]

CDC SPONSORED MEETING--FINAL CALL, continued

NCGSTDS no later than March 1, 1981. This deadline had been extended to encourage more submissions, since only 3 letters of interest had been received by the old January 3 deadline (Boston, Chicago, Tucson). Meeting participants will be selected from those demonstrating a genuine interest in establishing such priorities. A five page set of program guidelines for VD project grants for research, demonstrations, and special public information and education (Section 318(b) of the PHS Act, Sept., 1980) from the US Department of Health & Human Services (formerly Health, Education, & Welfare; Public Health Service, Center for Disease Control, Bureau of State Services, VD Control Division, Atlanta, GA 30333) was included in the last issue of the Newsletter for your review.

* * * *

Journal of Homosexuality: Special Offer for NCGSTDS Members

The special expanded issue of the spring, 1980 issue of the Journal of Homosexuality (JH; volume 5:3) containing synopses of papers from the Conference on Current Aspects of STDs-I Symposium, June, 1979 in Chicago, is now available directly from the Coalition at a special reduced rate.

In a special arrangement with the publisher, the Coalition will sell copies of this special, invaluable issue for \$8 to Coalition members, and \$9.95 (regular price) to nonmembers. Thirty percent of this purchase price will be donated to the Coalition. Thus, your purchase of this special issue will benefit the Coalition also. In order to take advantage of this offer, you must send your remittance directly to the NCGSTDS, 1637 N. 21st Road, #9, Arlington, VA 22209. Sorry, no billing or credit cards.

Titles of the papers summarized are: "Epidemiology of gonorrhea infections in gay men" (Ostrow, Shaskey, Steffen, Altman); "Epidemiology of pathogenic Neisseria in homosexual men" (Janda, Bohnhoff, Lerner, Morello); "The sexual transmission of parasitic infections in gay men" (William); "Nongonococcal urethritis: general considerations and specific considerations for homosexual men" (Holmes); "Nonspecific proctitis" (Bolan); "Epidemiology of hepatitis B infection in gay men" (Schreeder, Thompson, Hadler, Berquist, Maynard, Ostrow, Judson, Braff, Nylund, Moore, Gardner, Doto, Reynolds); "Chronic type B hepatitis in gay men: experience with patients referred from the Howard Brown Memorial Clinic to the University of Chicago" (Baker); "Future directions in research on STDs in homosexual men--Keynote Address" (Holmes); "Physician attitudes and other factors affecting the incidence of STDs in homosexual males" (Sandholzar), and "Factors adversely affecting research in STDs among gay men" (Ostrow).

* * *

CDC SPONSORED STD PREVENTION/TRAINING CLINICS--1981 SCHEDULE OF COURSES

The VD Control Division of the Center for Disease Control has recently released the 1981 schedule of courses for the STD Prevention/Training Clinics, offered at 9 regional locations. (See Volume 2 #1, August-September, 1980, page 10 of the Official Newsletter for details about the courses, or contact the NCGSTDS or the CDC.) Over 115 dates are offered for the three courses at locations in Baltimore, Chicago, Cincinnati, Dallas, Denver, Los Angeles, Nashville, San Juan, and Seattle. The courses are free, and are available to MDs, PAs, RNs, NPs, and others already functioning in or hoping to be employed with a VD clinic or primary care practice.

* * * *

MORE ON THE HEPATITIS B VACCINE

The following article is reprinted from the Los Angeles Times (10/12/80, part 1 page 5) with permission from the Associated Press, © copyright, 1980. Thanks to Thom Nylund for bringing it to the Coalition's attention.

Los Angeles Times

Sunday, October 12, 1980 / Part 1 5

CONTAINS VIRUS

Gay Gives Blood Every Few Days

NEW YORK (AP)—Once every week or so, Charles Cole presents himself at the New York Blood Center for technicians to jab his vein with a needle and remove about two pints of precious blood.

He is paid well for the privilege—\$50 a session. But Cole volunteered for the bloodletting before he knew there was any money involved.

It's not that Cole's blood contains some rare curative power. Quite the opposite, it carries circulating particles of a virus that causes one of the world's most stubborn and widespread diseases.

Yet Cole, 30, is proud to make the donation. An avowed homosexual, he is among thousands of gay men across the country who have helped in the development of a new vaccine that makes hepatitis B a preventable disease.

Thought he Had the Flu

"I had what felt like a bad case of the flu—this was in 1978—so I went to a doctor and took a test and he said, 'You have hepatitis.' Basically, since then it's been one long recovery," Cole said.

Cole is among the 10% of the estimated 200,000 U.S. hepatitis B victims a year who become chronically infected, and now he's a hepatitis B "carrier." His blood contains circulating particles of virus and may continue to do so for years.

It is from Cole's blood and the blood of hundreds of others like him that Merck Sharp & Dohme, a pharmaceutical company, makes the experimental vaccine which could be marketed by 1982.

Technicians extract the liquid part of the blood, called plasma, which contains the virus, and the rest is returned to the donor's body. The virus is also carried in the saliva, semen and milk.

Risk Virtually Eliminated

Homosexuals also were the volunteers in the first large-scale study of the vaccine. Results of the test on 1,043 New York men were announced recently. They showed the vaccine virtually eliminates the risk of hepatitis B, the most serious of the three known forms of the viral liver disease and the cause of one-third of all cases.

Dr. Wolf Szmuness, coordinator of the study, credited cooperation from New York gay groups with helping to make the test a success.

"Once the vaccine is licensed, the U.S. public really should congratulate the gay community," said Dr. Donald Francis of the U.S. Center for Disease Control's Hepatitis Division in Phoenix, Ariz.

"They were interested and involved in this way back when we didn't know much more about this vaccine," said Francis, who helps a run a similar testing program with more than 1,000 homosexuals in Los Angeles, San Francisco, Chicago, Denver, and St. Louis.

Tend to Have More Partners

Gay men make an ideal study group because they are about 10 times more likely than other people to get hepatitis B, in part because they tend to have many sex partners. The high rate of infection means doctors can use a smaller group and still be sure the vaccine works.

Francis said the gay volunteers tended to be educated professionals—nearly a quarter had graduate degrees—who followed instructions faithfully and stayed available for followup.

"We had one fellow who moved to Houston after seven months of the study. He required about five more blood drawings, which he had done at his own expense and mailed the blood specimens in," said Dr. Richard Sadovsky, a gay activist physician involved in the study.

In New York, the Gay Men's Health Project, a Greenwich Village venereal disease screening clinic, helped find volunteers for the trial and was the site for most vaccinations.

Gay newspapers drummed up support for the project and 40 gay volunteers handed out literature on the street, Sadovsky said.

Some men volunteered to test the vaccine, while others, like Cole, who were ineligible because they had already been infected, agreed to give blood to make the vaccine.

"I thought it was terrific," says Cole, who works for a cable TV video tape distributor. "If I could help just one person not to have to go through what I went through, it would be worth it."

Homosexuals have much to gain from the vaccine. Others who stand to benefit are doctors, dentists, nurses, hospital and lab workers, relatives of infected persons, kidney patients and persons who get many blood transfusions, all of whom are considered a high risk for hepatitis B in the United States.

In other parts of the world, such as sub-Saharan Africa and Southeast Asia, as many as three-quarters of all people get the disease. A form of liver cancer associated with chronic hepatitis B is the major cause of death among young men in some areas.

* * * *

BAPHR: GAY HEALTH CARE IN AMERICA

Bay Area Physicians for Human Rights (BAPHR) was founded in 1977 as the nation's first formal organization of physicians and medical students offering services and programs to the gay community. Through its more than 300 nationwide members, BAPHR efforts include: 1) A medical information and referral service; 2) The BAPHRON, a monthly newsletter containing articles on medicine, social issues, and other topics of interest to professionals and the gay community; 3) Research in the areas of sexually transmitted diseases, and physical and mental health concerns of lesbians and gay men; 4) Development of educational programs for the gay community, physicians and other health care providers, and the general public; and 5) Accredited Continuing Medical Education courses for physicians. BAPHR is a non-profit, educational and research organization having 501 (c)(3) tax-exempt status under the IRS. To continue these programs to the community, BAPHR needs friends. Become a friend of BAPHR by giving \$25 or more, and deduct your contribution. As a Friend of BAPHR you will also receive a one year subscription to the BAPHRON. For more information, please write: BAPHR, PO Box 14546, San Francisco, CA 94114, or call 415/673-3189. Please tell them that you read about BAPHR in the Official Newsletter of the NCGSTDS!

* * *

NEWS FOR A QUALITY ASSURANCE SYSTEM FOR PUBLIC HEALTH STD CLINICS

September 15, 1980 "Dear Colleague" Newsletter of the CDC's VD Control Division (VDCD)
r. Paul Wiesner, there is a 74 page attachment of a draft for ensuring high

(Continued)

GUIDELINES FOR A QUALITY ASSURANCE SYSTEM, continued

quality STD clinical services. Dr. Gene Washington and others at the Training, Education and Consultation Section of the VDCD have developed a general framework entitled, "Guidelines for a Quality Assurance System for Public Health STD Clinics," (QAS) whose purpose is to assist individual clinics in the formulation of standards and criteria for the evaluation of clinical performance. This excellent document is enclosed with this Newsletter (for member services only; cost and availability prohibited its general distribution) and requires your thoughtful attention and study. Additional copies are available directly from Dr. Gene Washington's office: Center for Disease Control, VD Control Division, Training, Education and Consultation Section, Atlanta, GA 30333. Please address any comments or constructive criticisms directly to Dr. Washington, or to the NCGSTDS.

The QAS Document complements the NCGSTDS' October, 1980 Newsletter (Vol. 2:2) with an article on "Management Process in Outline" (pp. 5-6) and an attached reprint of Dr. Yehudi Felman's editorial from the July-September, 1980 issue of Sexually Transmitted Diseases (vol. 7:3, pp. 153-55) entitled, "Organization & Management of the Clinic for Treatment of Sexually Transmitted Diseases."

* * * * *

MNEMONIC FOR THE ORGANIC CAUSES OF IMPOTENCE

(From Medical Aspects of Human Sexuality, Vol. 14:4, p. 10) The organic causes of partial erection may be remembered with the help of this mnemonic (non-exhaustive):

Inflammatory-urethritis, seminal vesiculitis, prostatitis, and cystitis

Mechanical-congenital deformities, Peyronie's Disease, phimosis

Postsurgical-radical excision of rectum, bladder or prostate

Occlusive vascular disease-occlusion of penile blood supply

Traumatic-fractured pelvis with rupture of membranous urethra

Endurance-myocardial, respiratory, or renal failure

Neurologic-multiple sclerosis, spinal cord injury

Chemical-alcohol and many drugs

Endocrine-diabetes and abnormalities of any of the endocrine glands

* * *

PRODUCT ALERT: GONOSTICON DRI-DOT

Gonosticon Dri-Dot is a rapid serological qualitative, in vitro, latex agglutination slide test for the detection of gonococcal antibody developed in response to current or previous gonococcal or meningococcal infection. It is for use only on low risk female patients that are asymptomatic for GC, and the results can't be used to confirm the presence or absence of current gonococcal infection. Trisite bacterial cultures (pharyngeal, cervical, rectal) are required for confirmatory diagnosis. Specificity of the test varies, and the sensitivity remains at about 76%. For more information, contact Organon Diagnostcs, West Orange, NJ 07052 or call 201/325-4500.

* * *

WARNING ABOUT NEW PLASTIC URETHRAL SWABS

The last issue of this Newsletter (Vol. 2:2, October, 1980, p. 8) reported about a new plastic urethral swab (innoculating loop) that may effectively replace Calgiswabs or Q-tips for male urethral gonococcal cultures. Since this is not an officially indicated use of the loops, care must be taken not to break off the tip of the loop inside the urethral meatus. Although it would probably be harmlessly urinated out, it might cause irritation.

* * * * *

4th NATIONAL GAY & LESBIAN HEALTH CONFERENCE RESCHEDULED FOR 1982 IN HOUSTON

The National Gay Health Education Foundation (NGHEF) announced that the 4th National Gay & Lesbian Health Conference originally scheduled for the late spring or early summer, 1981 in Houston, has been postponed one year until May or June, 1982. The NGHEF was given authority for the Conference by the National Gay Health Coalition (NGHC) which cosponsored the first three Conferences (held in Washington, DC--1978; New York--1979; and San Francisco--1980). Regional Gay & Lesbian Health Conferences are being encouraged for 1981, according to Foundation spokesperson, Jeanne Brossart. The 3rd Edition of the National Gay Health Directory will also be published for the 1982 Conference, rather than in 1981, as originally planned.

* * * * * *

APHA: CALL FOR PAPERS & IDEAS

The 109th Annual Meeting of the American Public Health Association (APHA) is scheduled for November 1-5, 1981, at the Bonaventure Hotel in Los Angeles, CA and the NCGSTDS in cooperation with the Gay Public Health Workers Caucus is seeking ideas for how the Coalition can best participate. Four options are available, according to Caucus representatives Christine Pattee and Ron Vachon: 1) A scientific paper session, which requires formal reports on original research concerning gay STDs or related areas; 2) A round-table discussion, which involves several informal discussions lead by people at different tables talking about gay STDs or related topics (eg., Healthful Guidelines & Recommendations for Recreational Sex); 3) A poster session in the convention hall, which would require an educational display of posters describing gay STD research activities & interests, clinic operations, problems, protocols, etc. from individual STD services; and 4) A booth in the convention hall, which would require full time staffing, handouts of materials from member services & the NCGSTDS (a hassle shlepping around boxes of papers?); rental of the booth, table & chairs would probably exceed \$300. Please think about how you, as an individual member or friend, or representative of a member STD service could become actively involved in one of these options. *****MARCH 5, 1981 IS THE ABSOLUTE DEADLINE for receiving abstracts, ideas, or suggestions! Please mail to the NCGSTDS, 1637 N. 21st Road, #9, Arlington, VA 22209, or call 703/525-0812. The NCGSTDS is tentatively planning on holding its semiannual meeting at this time. Details in a future Newsletter.

** ** ** **

RECENTLY PUBLISHED GAY MEDICAL & STD ARTICLES

From the October-December, 1980 issue of Sexually Transmitted Diseases (volume 7:4):
William, Dan C., Schapero, Carol M., & Felman, Yehudi M. Pharyngeal carriage of Neisseria meningitidis and anogenital gonorrhea: evidence for their relationship. pp. 175-77.
Kroger, Fred. Compliance strategies in a clinic for treatment of STDs. pp. 178-82.
Schuurman, Joe H., DeHaes, Willy F.M., and Huisman, Johannes. Editorial: The telephone as a means of educating the public about STDs. pp. 199-02.
Sands, Michael, Handsfield, H. Hunter, and Holmes, King K. Letters to the Editor: Nonsymptomatic urethral gonorrhea in homosexual men. p. 206.
Magrina, Emilio De Los Rios. Color Atlas of Anorectal Diseases, Philadelphia: W.B. Saunders, 1980 (ISBN 0-7216-3034-0).
Sexually Transmitted Diseases (Formerly CLVD), Abstracts & Bibliography, 1980 Number 2 (HHS Publ No (CDC) 81-8233), CDC Bureau of State Services, Technical Info Services.
From Medical Aspects of Human Sexuality:
Fiumara, Nicholas J. Brief guide to office counseling: Sexual behavior and primary & recurrent herpes genitalis. Vol. 14:5, May, 1980, pp. 151-52.
Lupulescu, Aurel P. Brief guide to office counseling: Genital warts. Vol. 13:5, May, 1979, pp.159-60.
Bowie, William R. Brief guide to office counseling: Chlamydial urethritis in the male. Vol. 13:5, May, 1979, pp. 65-66.

* * * * *

EXECUTIVE DIRECTOR POSITION AVAILABLE AT MINNEAPOLIS GAY COMMUNITY SERVICES

Gay Community Services of Minneapolis, a non-profit, multi-service mental health agency licensed by the state of Minnesota to provide counseling, education and support services to affectional preference minorities and their families, is seeking an Executive Director. Responsibilities include fiscal oversight, administrative coordination, staff development, program planning and development, community and government relations, and interactions with funding sources and with the Board of Directors.

Applicants must offer a background of leadership experience, knowledge of mental health and social service systems, fund raising, public administration and non-profit organizations. Applicants should be familiar with the human service needs of lesbians and gay men and be able to articulate these to the public, government, and private funding sources. Salary is negotiable. Qualified women and men should send cover letter, resume, and salary history to: The Search Committee, Gay Community Services, Inc., 2855 Park Avenue, Minneapolis, MN 55407. You may call for more information, 612/827-2821. Deadline for receipt of resumes is March 15, 1981. Gay Community Services is an equal opportunity employer.

** ** ** ** ** ** **

REVISED GUIDELINES FOR HEALTHFUL SEX

The 4th Revised Guidelines & Recommendations for Healthful Sexual Activity (1981) Report is attached to this Newsletter for your review, constructive criticism, and feedback. All STD service providers are urged to communicate details of the report to their respective communities, and to especially involve their local gay media and business communities. It is also suggested that STD services and clinics fully discuss the report with their medical directors, staff, and volunteers. Permission is given to reprint the copyrighted Guidelines in part or in total, but the National Coalition of Gay Sexually Transmitted Disease Services must be credited by full name (as shown). Please address all inquiries or feedback to the NCGSTDS, 1637 N. 21st Road #9, Arlington, VA 22209, or call 703/525-0812.

***** ***** *****

CORRECTIONS & ADDITIONS TO NCGSTDS MAILING LIST, JANUARY, 1981

Add: National Association of Business Councils (This is a national organization of gay
1911 Southwest Freeway, Suite 100-C business and professional people.)
Houston, TX 77098

Correct:

Seattle Clinic for Venereal Health *
111 Eastlake Avenue East
Seattle, WA 98109

GPU STD Clinic *
PO Box 208
Milwaukee, WI 53201

Ron Vachon
45 Crosby Street
New York, NY 10012

* * * * *

MINUTES OF THE OCTOBER 19, 1980 SEMI-ANNUAL MEETING OF THE NCGSTDS

compiled by Jeff Richards & Mark Behar

(Cassette recordings of this meeting are available for your review. See p. 1 for details. Numbers preceding paragraphs correspond to official agenda items.)

1) The semiannual meeting of the NCGSTDS was convened at the Leland House Hotel, 400 Bagley Av., Detroit, MI as part of the 108th Annual Meeting of the American Public Health Association by Mark Behar, chairperson. Jeff Richards, San Francisco, was appointed recording secretary. Present: Mark Behar; Ron Vachon (unaffiliated, Boston); Norman Altman & David Ostrow (Howard Brown Memorial Clinic, Chicago); Jeff Richards (unaffil., San Francisco); Dan William (Gay Men's Health Project, NY); Roger Gremminger (GPU STD Clinic, Milwaukee); James Curran (CDC, VD Control Division, Atlanta); Eric Loranger, Tom Hickey, & John Evola (Metro Detroit Gay VD Council, Detroit); and Thom Nylund (Men's Clinic of the Gay & Lesbian Community Service Center, Los Angeles). Absent were representatives from Gay Community Services VD Clinic, Tucson; Gay Men's Health Collective, Berkeley; Seattle Clinic for Venereal Health; Renaissance /Blue Bus Gay VD Clinic, Madison; Pittsburgh Free Clinic; St. Marks Clinic, NY; Fenway Clinic, Boston; Gay Community Center of Baltimore VD Clinic; and The Montrose Clinic, Houston. Finances: 1980-81 (July 1-October 19)--Income, \$280.50; Expenses, \$232.17. Net income from 1979-80: \$153.83 (Preliminary net income from the STD Symposium (not received at time of this meeting)--\$1500.) Reports from members & friends: *****Men's Clinic, Los Angeles: Sliding fee scale for VD services began 10/01/80 to compensate for lagging client donations, however 49% still receive free services. Counseling is used in place of the typical contact-elicitation interview for syphilis epidemiology. Two new research projects, on warts and herpes, was begun. *****Metro Detroit Gay VD Council: Has operated for 3 years with the help of RNs, med students, 2 MDs, and volunteers. They're interested in expanding their bath screening facility into a regular clinic so they don't have to refer clients needing treatment to city facilities. *****NY Gay Men's Health Project: Dan William excitedly reported about the hepatitis B vaccine partially tested at his facility (see p. 6 of Newsletter). The NY Chelsea Clinic is now doing routine enteric disease screening, which Dan thinks is a waste of good money (due to the poor sensitivity & selectivity of routine stool samples with existing diagnostic techniques). The GMHP recently published their new client health guide and MD referral guide, which was circulated. Currently investigating anonymity and contacts of infectious syphilis. *****Howard Brown Memorial Clinic of Chicago: The hepatitis B project is being replicated here and at 4 other centers (Seattle, St. Louis, Denver, Los Angeles). They are currently working with Abbott Labs to look at typing specificity of antigen and antibody in chronic HBV carriers. Also developing a computer system for the Clinic's demographic, diagnostic, & treatment data, that will ultimately allow sharing of data for retrospective research & statistical purposes with other clinics around the country. *****San Francisco: Jeff Richards reported on a cooperative screening for enteric diseases project between the city health dept. and the Bay Area Physicians for Human Rights (BAPHR). *****GPU STD Clinic in Milwaukee: Roger Gremminger reported the unusual finding that giardiasis is considerably more common than amebiasis, unlike other metropolitan areas. The clinic hopes to soon relocate and may affiliate with a group of community organizations for purchase of a new facility. The clinic is also beginning to use a computer for medical records. An epidemiological survey & questionnaire for condyloma acuminata is in preparation. *****Philadelphia: Lavendar Health is forming as an STD and general medical clinic for the gay community and is scheduled to begin services by late winter. They have received a \$15000 grant from the CDC through the city and another matching grant is pending. Currently searching for an executive director. *****James Curran, CDC--VDCD: Several things were discussed. Many asymptomatic cases of amebiasis & giardiasis are found among gay men. There is concern about the issue of false positivity vs. increased sensitivity with the ELISA test for the detection of amebiasis. Social support groups for chronic hepatitis B carriers are being formed. Merck Sharp & Dohme has published a brochure about the plasmaphoresis program. Considerable discussion was devoted to the HBV vaccine. Cost of the 3 dose vaccine is expected to approach \$100, when marketed. One target population for the vaccine will be the young, sexually active gay man (often unemployed & a student, i.e., unable to afford such a large expense). In order to eradicate a disease such as HBV, money must be targeted to eliminate the disease from known reservoirs. The CDC could establish guidelines for distribution of available money targeted to such high risk groups, to municipal health depts. Gay clinics could purchase the vaccine and invoice their local health depts. for those patients

(Continued)

MINUTES OF SEMIANNUAL MEETING, continued

unable to afford the vaccine. It was suggested that small clinics purchase the vaccine together for better prices. Further discussions concerning the VD Control Division were deferred until later.

2) Membership. 27 individuals and 12 services. New gay STD groups are forming in Philadelphia, New York, Toronto, and Montreal.

3) & 4) Finances (given above) & NCGSTDS Reports. Newsletter: Each STD service is now receiving five copies of each issue. Literary contributions are urgently needed. Dues schedule: A 6th membership category was suggested, that of a nonvoting subscription member. STD Journal: The Coalition now subscribes. Journal of Homosexuality: A special issue from the 1979 STD Symposium in Chicago is available to members at reduced rates (see p. 5 of this Newsletter for details). NGHC: On the request of the National Gay Health Coalition (the NCGSTDS is a member), a letter was sent to Dr. Julius Richmond, Surgeon General of the US Department of Health & Human Services in support of a National Ad Hoc Study Commission on the Health Concerns of Sexual Minorities. (A response from Juel Janis, Special Assistant to the Asst. Secretary for Health and Surgeon General was received Nov. 4, 1980. Copies of these correspondences are available to members upon request.)

5) Gay STD Research Priority Meeting, cosponsored by the CDC, will help guide funding agencies since: 1) resources are scarce; of those that are available, they are primarily devoted to delivery rather than research; 2) funding goes to the most important things; 3) if a credible, representative group of gay STD personnel endorse such a proposal, it will presumably be easier to get funds for those projects. Guest James Curran suggested a 1-2 day long summer meeting at the CDC with representatives from the NCGSTDS, the CDC, and the NIAID to outline exactly what the gay STD research priorities are. (Eg., what diagnostic tests need to be developed for the enteric diseases?) It was decided that there would be a "call for proposals" and a representative group be formulated based on those submissions. Clinicians, administrators, RNs, etc. were encouraged to submit priority ideas. (See important related article on p. 4.) It was suggested that the CDC could be the site of an extensive training seminar to include in addition to the STD Research Priority Meeting, small group sessions on model clinic development, anoscopy, epidemiology, contact tracing, proposal writing, review, & evaluation, or "The Gay Traveling Road Show Medical Clinical Training Program" to sensitize CDC instructors & staff to the needs of gay clientele & gay STD services, and to perhaps help the CDC develop a gay curriculum. There was criticism of the CDC's inability to respond to all the issues & concerns of gay people (viz., mental health problems; well lesbian health care; prevention rather than control of disease).

6) 4th Annual National Gay & Lesbian Health Conference will take place in Houston in May or June, 1981. (See important related article on p. 9: date changed to 1982, and delete "Annual" from name of conference.)

7)-13) NCGSTDS Annual meeting date & site not selected. STD Task Force on Healthful Guidelines for Recreational Sex: Discussions deferred until Tuesday, 10/21/80, due to lack of time (see below). VD Videotape: Jeff Richards brought a gay version of a VD education videotape for display. (Unfortunately, we were unable to obtain a video monitor for viewing.) Telesessions: Merck, Sharp, & Dohme was conducting marketing research about the hepatitis B vaccine via the telephone among several gay STD providers. Other Business: The Annual Gay Public Health Workers Benefit Dinner & Cash Bar was announced & attendance encouraged. Jim Curran from the CDC made 3 distinctions between the CDC's HBV vaccine research and the just completed & published NY study: 1) Vaccine is being given in ½ dose strengths (less expensive and greater availability); 2) 5 different cities are being sampled--Chicago, Los Angeles, Seattle, Denver, & St. Louis, rather than just one city, as in the NY trial; and 3) They are investigating whether the vaccine will abort incubating HBV. A social get-together will follow this meeting. Meeting was recessed at 5:55 pm until 10/21 when the Healthful Guidelines for Recreational Sex will be discussed.

8) Meeting reconvened on 10/21. Approximately 20 persons (including 3 members of the Task

(Continued)

MINUTES OF SEMIANNUAL MEETING, continued

Force), participated in discussions of the 3rd revision of the Healthful Guidelines for Recreational Sex statement. The 4th revision (following this Newsletter, retitled, "Guidelines & Recommendations for Healthful Sexual Activity") is the product of these discussions. The meeting was adjourned.

** ** * * * * *

THE GAY AND LESBIAN: LAW AND HEALTH

A two day conference, entitled, "The Gay and Lesbian: Law and Health," is being sponsored by Counseling & Consulting Services, Inc. at the Rhode Island College Faculty Center, 600 Mount Pleasant Ave., Providence, RI 02908 on February 20-21 from 9 am to 4:30 pm will cover the following topics: The Rights of Managers and Patrons of Bars/Baths/Clubs; Governmental Representation; Trends in the Law; Adoption & Custody; The Lesbian Mother; and Substance Abuse, Considerations in Treatment. Registration fee is \$35 per day, \$50 for both days (late registration \$40/day). RISNA CEU credits pending. For more information, write The Counseling & Consulting Services, Inc., 161 Prospect Hill St., Newport, RI 02840 or call 401/847-7229.

** ** *

MORE ON HEPATITIS B

The January 21, 1981 issue of the Chicago Tribune reported on the work of the Howard Brown Memorial Clinic in testing the efficacy of the new Hepatitis B vaccine, being marketed by Merck, Sharp, & Dohme Laboratories. The Coalition will attempt to gain permission to reprint the article in the next issue of the Newsletter.

* * * * *

PLASMAPHERESIS BROCHURE

Plasmapheresis is a relatively painless bloodletting procedure that involves separating the plasma from the red blood cells, and returning the cells to the donor. The plasma is kept from chronic hepatitis B carriers to help produce new vaccine. Merck, Sharp, & Dohme has published a brochure entitled, "Your Blood May Be Valuable For Making A New Vaccine Against Hepatitis B Now At Epidemic Levels In Gay Men," describing the procedure. Although This brochure is enclosed for member services only, due to a limited supply. Contact MSD, West Point, PA 19486 for additional or review copies.

* * *

GUIDELINES & RECOMMENDATIONS FOR HEALTHFUL SEXUAL ACTIVITY

4th Revision, 1980

© Copyright 1981, NCGSTDS

This report addresses specific guidelines & recommendations (G & R) that may help to significantly reduce the acquisition and transmission of the sexually transmitted diseases associated with sexual activity. It was prepared by a special Task Force of gay physicians and other health practitioners, behavioral & medical research scientists, administrators, and lay people from around the country, organized by the National Coalition of Gay Sexually Transmitted Disease Services (NCGSTDS) at the Current Aspects of STDs--II Symposium, San Francisco, June 21, 1980, and at a special meeting at the American Public Health Association's Annual Convention, Detroit, October 21, 1980. These G & Rs are based on common sense, clinical observations, and/or empirical data. Occasionally they may represent what is thought to be a good idea but what isn't really known for sure. Therefore, these G & Rs are subject to modification when new knowledge becomes available. Considerable effort will be made to announce the G & Rs in a positive, nonjudgemental manner, stressing "pride in health," rather than the "shame of disease."

Need for Knowledge & Education: Sexually active people must be well informed about the signs & symptoms of the sexually transmitted diseases (STDs) and should abstain from sexual activities if they recognize such signs or symptoms in themselves or their partners, until medical diagnosis, treatment, and retesting confirms the absence of disease. The importance of a complete course of treatment with follow-up testing must be emphasized, and trying to treat or prophylactically treat oneself is definitely discouraged. Sexually active people should also be aware of the increased risk factors associated with different sexual practices (see below). For example, a person having frequent sexual contact with different people should thoroughly wash themselves inbetween partners and should "space" their next sexual activities by several days to allow for the development and recognition of signs & symptoms of the STDs, if they had been infected previously. STD service providers should anticipate an increase in client-visits due to such reeducation & awareness programs and should teach the relative incidences of the STDs. Representatives of the gay media must be encouraged to participate in these reeducation programs. Consumers need to be educated to know what type of medical services to ask for, in case they do not have access to knowledgeable health providers. Considerable attention must be devoted to research on educational intervention to encourage healthful living, especially with regards to the STDs. Will educational efforts actually result in a decrease in STD morbidity?

Healthy Attitude: Health means more than the avoidance of STDs. It is the human condition in which the physical, mental, and emotional needs of a person are in balance. Healthful sexual behavior is an expression of one's natural sexual drives in satisfying, disease-free ways.

The Sexual Encounter: Always exchange your name and telephone number to facilitate contact in case signs or symptoms of an STD are later discovered or recognized. It is also best to tactfully bring up health before sexual activity begins. If the person just got over hepatitis, make it a friend's encounter without sex, since you may be susceptible. When you do go to bed with someone, undress in a lighted area and casually inspect for growths, sores, or rashes, especially around the genitals. If no reasonable explanation is given, postpone the encounter!

Hygiene: Medical opinions differ on the value of washing the perianal & genital areas with soap & water before and after sex. Although it's effectiveness in reducing the incidence of STDs has not been definitely proven, good hygiene is still recommended by most authorities. It is generally believed that washing (showering) of genitals may decrease the risks of acquiring certain STDs. Similarly, urinating may also reduce the risks for acquiring certain diseases, however the role of intraurethral installations of antibiotics, soaps or other agents are not known and may be hazardous. Rectal douching (with tap water) may be aesthetically pleasing, however this method has not been shown to be an effective prophylaxis against disease; there is some evidence that such douching may be associated with increased risk for acquiring hepatitis B, possibly by altering the rectal mucosal membrane barrier. Unscented lubricants are recommended to prevent a chemically induced proctitis (inflammation of the rectum), therefore the use of hand lotions for these purposes are discouraged. One

(Continued)

clinician teaches his patients to do a self-digital rectal examination in the shower, to help detect tissue irregularities & lesions such as anal condyloma (warts). It is not known whether the following activities have any role in reducing the acquisition or transmission of the STDs: hydrogen peroxide or other mouthwash gargling to control pharyngeal gonorrhea; soap in the urethral meatus to control urethral gonorrhea & non-gonococcal urethritis; bacteriocidal & bacteriostatic creams, lubricants, suppositories, for intraurethral & intrarectal use; water soluble vs. edible vs. petroleum lubricants (eg, KY vs. Crisco/Lube vs. Vaseline) for rectal intercourse.

Sexual Practices: Many factors must be considered when determining a person's risk for acquiring or transmitting an STD. Seven major categories are listed below, describing the relative risk factors as high, medium, or low:

- 1) Frequency of sexual contact.
 - High risk: More than 10 different sexual partners per month
 - Medium risk: Between 3-10 different sexual partners per month
 - Low risk: Less than 3 different sexual partners per month
- 2) Type of sexual encounter.
 - High: Primarily one-night only encounters; group sex
 - Medium: Dating, or several nights with the same person; sex within a small group of friends.
 - Low: Primarily monogamous sexual activity for both you and your partner.
- 3) Place of sexual encounter.
 - High: Bathhouses; bookstores
 - Medium: Public restrooms; parks; bars; motor vehicles
 - Low: Private homes
- 4) Hygiene. Answer these questions as Always (low risk), Occasionally (medium risk), or Rarely (high risk):
 - Do you wash with soap & water before and after having sex?
 - Do you urinate after having sex?
 - Do you gargle with hydrogen peroxide, glyoxide, or another mouthwash before and after sex?
- 5) Drug use. Indicate frequency of use before during, or after sex with any of the following agents (Frequent = high risk; Occasionally = medium risk; Rarely = low risk):

"Poppers" (amyl/butyl nitrite, Rush, etc.)	Barbiturates
Marijuana	Hallucinogenics (LSD, mescaline, etc.)
Alcohol (beer, wine, or hard liquor)	PCP ("angel dust")
Cocaine or amphetamines	Others (specify)

(It is thought that use of mood or consciousness altering drugs or medicines before, during, or after sex may effect decision-making abilities that may contribute to less awareness about the sexual activities practiced, having sex with more people, etc.)
- 6) Geographical area where you and your sex partner live and have sexual encounters.
 - High: New York City, Los Angeles, San Francisco, Chicago, foreign countries
 - Medium: Other large urban areas
 - Low: Small cities & towns, or rural areas
- 7) Types of sexual activities practiced since last VD examination.
 - High: Active or passive rectal; rimming (oral-fecal/rectal); "scat;" fist fornication. Major surgery may be required to repair injuries sustained from fist fucking (fornication); any type of oral-fecal contact carry a high risk for contracting hepatitis, pinworms, giardiasis, amebiasis, shigellosis, etc.
 - Medium: Active or passive oral (fellatio; passive has greater risk than active)
 - Low: Masturbation only (J/O, mutual, etc.); body rubbing, water sports; touching only.

(It should be stressed that any type of anal contact, but especially oral-anal/fecal contact ("rimming," or "scat") is definitely associated with increased risk for acquiring & transmitting diseases such as amebiasis, giardiasis, hepatitis, and others.

Questions still unanswered: Since amebiasis and giardiasis are difficult to both diagnose and treat, should we limit ourselves to treating just the small group of symptomatic patients, or should we treat contacts epidemiologically, regardless of their symptomatology? Can specific screening recommendations be formulated?

(Continued)

Bathhouses: Bathhouse managements are asked to print up cards and/or matchbook covers to enable patrons to exchange their names and phone numbers. The local VD clinic phone number should also be imprinted or rubber stamped there, and also prominently posted on bathroom walls with slogans encouraging frequent VD testing, showering after each sexual encounter, etc. Bathhouses are encouraged to exchange all soiled towels for free to allow for frequent showering and washing. Local gay organizations or clinics should consider a "seal of approval" bath rating system that evaluates the accessibility of showers, frequency of germicidal cleanings, etc. (5 stars means excellent, . . .no stars means unacceptable & in need of much improvement). The requirement of a "certificate of routine VD testing" for a patron's membership and renewal, would be meant to encourage awareness about good health rather than a proof of freedom-from-illness, and could be made available from any VD testing facility or MD that tests for syphilis and gonorrhea. Bath employees could be trained & entrusted to do such testing under appropriate supervision. Such testing helps protect the members of that club from certain STDs. Bathhouse management may further offer an incentive for onsite VD testing, such as free or discount locker passes (for the patron's next visit), or free coffee, or membership rate reduction. A "health night," allowing only those patrons presenting certification of examination or submitting to onsite testing is also possible.

Routine & Regular VD Testing: Routine VD testing includes a VDRL/RPR serology for syphilis, and trisite gonorrhea testing (pharyngeal, urethral, rectal--recall that men who do not have rectal intercourse may still get a rectal GC from a contaminated finger), along with anosopic examination. First voided urine for detection of urethral GC may be substituted for the usual urethral swab culture, if practical. Currently there are no easy diagnostic procedures for the enteric diseases (amebiasis, giardiasis), therefore routine asymptomatic testing cannot be feasibly accomplished. Hepatitis B antigen and antibody testing is encouraged, and the vaccine will be recommended for those who are antigen and antibody negative, when it becomes available. Guidelines for chronic hepatitis carriers are currently under study. They should know that they may transmit hepatitis virus to their sexual partners. For this reason, formation of local social & support groups for chronic hepatitis carriers are encouraged. Frequency of VD testing depends on the risk factors associated with sexual activity (see above). Monthly testing is urged for those at high risk; quarterly testing (every 3 months) is recommended for those at medium risk; semiannual or annual testing is recommended for those at persistently low risk. If in doubt or if symptomatic, get checked immediately! The doctor or testing facility you visit may not offer adequate screening if they are not familiar with your sexual lifestyle, therefore it is imperative that you be educated to know what types of testing is necessary.

Forum: The Official Newsletter of the NCGSTDS is to be used as the forum for discussion and exchange of ideas for these and new G & Rs. The Task Force will annually rehash and review the G & Rs. However, the burdon of responsibility for implementing and publicizing these G & Rs lies with individual providers, and not with the Coalition.

Feedback Is Welcome: Anyone is entitled to make specific suggestions & constructive criticisms or ask questions for the further development of the G & Rs. Please write to the NCGSTDS, 1637 N. 21st Road #9, Arlington, VA 22209.

Acknowledgements: Sincere thanks to Dr. Roger Gremminger, MD, of Milwaukee's Gay Peoples Union STD Clinic for his help with this draft. Thanks also to Task Force participants, NCGSTDS members and friends, and APHA meeting participants for their comments and helpful criticisms.