### Sexually Transmissible Diseases (STDs) Day 1: Overview

Grades 9 and 10, Lesson #24

#### Time Needed

One class period

#### Student Learning Objectives

To be able to...

- 1. Name at least 5 STDs.
- 2. Describe 2 things a person should do if he/she suspects she/he has an STD.
- 3. List 3 of the 5 common, early symptoms.
- 4. List at least 3 long-term dangers of some (untreated) STDs.
- 5. Describe 3 ways a person can reduce his/her risk.

#### Agenda

- 1. Discuss the lesson's relevance and define the term "STDs".
- 2. Use STD Worksheet 1 to introduce the key concepts of symptoms, dangers, and healthy (care-seeking and risk-reducing) behaviors.
- 3. Discuss and show the correct use of condoms.
- 4. Use Worksheet 2 and the Transparency to address kinds of infections.
- 5. Hand out, read aloud and discuss the Reference Sheets.
- 6. Respond to students' questions (anonymous and otherwise) about STDs (not including AIDS).

#### Material Needed

#### Student Materials (one per student):

STD Worksheets 1 and 2

#### **Classroom Materials:**

*STD Transparency 1* (same as STD Worksheet 2) *Condoms* (minimum of 1 per class period; ideally, 1 per student)

### Classroom Materials (one class set, which you can re-use in subsequent class periods):

STD Reference Sheets 1 and 2

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#### Activities

- 1. Discuss the relevance of the lesson, specifically:
  - some STDs are more common than the common cold,
  - some are mostly nuisances, while others are deadly serious,
  - teenagers are one of the highest risk groups for STDs, partly because they tend to get into new relationships more frequently (on average) than adults, but also because teenage women's cervixes are not always fully mature and are, therefore, more vulnerable,
  - there are ways to prevent or reduce the risk of every STD,
  - most STDs are curable, and
  - this lesson will be partly a review.

Define "STD": An STD is any one of about 30 infections or "sexually transmitted diseases." They are infections people can catch by having sex with a person who has them. "STD" means the same thing as the less accurate term venereal disease. The outdated term *venereal disease* (VD) should no longer be used. In some medical circles, the preferred term is now *sexually transmitted infection* (STI). Infection is used instead of disease because many infections don't cause disease; they are asymptomatic and don't always cause adverse reactions. But the term is less widely recognized by the public than STD. Some professionals now prefer the term *reproductive tract infection* (RTI), because not all the ailments in our genitals are transmitted sexually. But this leaves out oral and anal manifestations of diseases. This curriculum uses the term *sexually transmitted disease* (STD) to describe all the kinds of organisms that are frequently or exclusively communicated through oral, anal and/or vaginal sex.

2. Explain that you want to begin by giving students a chance to think about what they already know about STDs. Hand out STD Worksheet 1 and allow students 5 minutes to try completing the "Your Best Guesses" column. Encourage guessing so that everyone participates and so that you can discover any mistaken beliefs.

Then discuss their answers, eliciting from students the key concepts as much as possible. Ask everyone to take notes on the discussion, in the right hand column of the Worksheet, so they'll have complete, correct answers from which to study. These are:

#### A. A person might think he/she had an STD if...

#### he/she had symptoms

Common **early** ones include: sores (open skin) unusual discharge (explain normal vs. unusual) itching or tingling in genital and anal areas burning (especially with urination) lumps or bumps (bumps can be raised, reddish, or dimpled) rash, redness, or swelling in genital and anal areas

**NOTE:** *Sores* can be a symptom, whether they hurt or not. Syphilis sores are painless; herpes sores are often, though not always, painful. *Discharge* is a symptom only if it is unusual (abnormal). Any liquid besides feces coming from the anus is unusual. In men,

any liquid other than urine or semen coming from the penis is unusual. For a woman, there's normal, healthy vaginal discharge. That's how the vagina cleans itself. It's only *unhealthy* discharge if it's clearly not her usual wetness (e.g., if it has a different odor than usual, if it's yellow or greenish instead of clear or white, if it is lumpy instead of smooth, or if there is blood when she is not menstruating).

**NOTE:** It is very important that your students can identify these common early symptoms (above) by the end of the lesson. It is not as important that they know these later and less common ones (below). We list them here for accuracy's sake, not that students should memorize the list.

*Later* symptoms of various STDs include (but aren't limited to):

pain in the lower abdomen (female) or scrotum (male) flu-like symptoms: fever, headache, aching muscles, and/or swollen glands unexplained weight loss hair loss rash on palms of hands and soles of feet damage to internal organs blindness or deafness numbness or paralysis dementia

However, many STDs are asymptomatic, meaning you do not see, feel, or smell anything unusual. So a person *also* might think he/she had an STD, even if there were no symptoms, if...

- a health care provider performed an STD test using blood or urine or a swab of genital, oral, or anal tissue and the patient got the results
- the person's partner said he/she has an STD or might have one
- **someone from public health called the person** and said they might have one. (Public health will contact sex partners of infected persons, without revealing the identity of the original patient.)

#### B. If a person thinks she/he might have one, he/she should...

- **stop having intimate contact** with other people and be careful not to spread the infection to other parts of the body (which can happen with genital warts or herpes).
- **tell partner(s)** and encourage them to see a health care provider or go to a clinic (partner means, "anyone with whom he or she has had oral, anal, or vaginal sex within the last six months").
- **not try to self-diagnose** or self-treat.
- **not hope for magical recovery** (Sores and bumps may go away, but the infection could still be in the body.).

#### C. Some STDs, if not cured, can lead to...

- chronic pain
- damage to non-reproductive organs (heart, brain, etc.)
- infertility, miscarriage
- premature births, birth defects
- death

Point out that some STDS, of course, are *not* this serious. Some of the more dangerous are HIV, Hepatitis B and C, certain strains of HPV, and, for fetuses and newborns, genital herpes. And, if untreated, syphilis, gonorrhea, and chlamydia.

#### D. A person can reduce his/her risk of giving or getting an STD by...

- abstaining from oral, anal and vaginal sex.\*
- maintaining long-term mutual monogamy, as in marriage or long-term partner relationship. (Discuss what is meant by "long-term partner relationship" with students. They may have different ideas.)\*
- **using condoms.** (They are very effective against STDs when used correctly and consistently.)
- getting vaccinated for Hepatitis B and HPV. (Other vaccines are currently being researched.)
- reducing the number of sexual partners in their lifetime.
- reducing the frequency of sex.
- avoiding the exchange of semen and vaginal fluid. (In other words, massage and hugging are safer than vaginal/oral/anal intercourse.)
- getting yearly, thorough STD check-ups, even if no symptoms are present. (Some people may need more frequent check-ups, depending upon how many sexual partners they have or how many their partner(s) have. People may need to ask the health care provider for tests other than just HIV.)
- not having sex with people they know have an STD or whose STD status they don't know.

also, for some protection, though not as much...

- looking at a partner's genitals (for sores, unusual discharge) and not having sex if there seem to be symptoms
- talking with a partner about STDs, getting tested and , if necessary, treated together
- noticing their own symptoms and getting treatment
- not having sex with people who are several years older than they are (These folks are statistically more likely to have an infection, whether they know it or not.)
- washing and urinating before and after sex (both partners)
- using birth control pills and other hormonal methods of contraception (reduces PID risk, not STD risk – in other words, it won't reduce the chance a woman will catch gonorrhea, for example, but if she does, hormonal methods of birth control will thicken the cervical fluid, reducing the likelihood of an infection moving into her tubes and ovaries, where it can cause permanent damage)

<sup>\*</sup> Prevention is best, but risk reduction is better than nothing. Abstinence and monogamy are, of course, the *most* effective protection of all these bulleted strategies. However, even they are not guarantees. Some STDs are transmitted in non-sexual ways and mutual monogamy is only safe if both partners are absolutely disease free to begin with and do not have sex, consenting or otherwise, outside the relationship. All the strategies listed are risk *reduction* ideas for people who do not abstain until they achieve a committed, monogamous relationship. It's important that your students know the first nine. The other six are less critical.

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NOTE: It was formerly recommended in this curriculum and by health professionals to use a spermicide like Nononoxynol-9 (N-9) together with a condom. Today, **use of Nonoxynol-9 is NOT recommended for people at risk of STDs by the World Health Organization and the Center for Disease Control and Prevention** because it does not protect a person from STDs and may actually increase the risk of transmission by irritating the cells lining the vagina and anus. Some condom brands still use N-9. Products with N-9 should NEVER be used for anal sex because the cell layer lining the anus is one cell thick unlike the vagina, which is 40 cells thick. Research has shown that condoms with N-9 are no more effective than condoms without it at preventing pregnancy.<sup>1</sup> Research into microbicides (creams or liquids which kill viruses and bacteria that cause STDs) is on-going and updates should be noted.

- 3. Ask students if they know what "correct and consistent use of condoms" means. Take several responses. As they offer advice, demonstrate with a condom in your hands, to convey its normalcy and your reasonable comfort. You can use your fingers or a volunteer's. Be sure the following facts are mentioned. People should...
  - Use a new condom for each act of sex (oral, anal, or vaginal)
  - Make sure it is made of latex or polyurethane.
  - Check the expiration date of the condom. Trash it if it has expired.
  - Make sure the package is properly sealed with an air bubble, to ensure that the condom hasn't deteriorated.
  - Handle the condom carefully. Avoid contact with teeth, nails, or sharp objects.
  - Pinch the tip so there's space in the end with no air in it.
  - Roll it completely down.
  - After the man has ejaculated, withdraw the penis (away from the partner's vagina, anus or mouth) before it has time to get softer, holding the condom in place with his fingers at the base of the penis so that it doesn't slip off.
  - Both partners should try to urinate and wash their genitals with soap and water before they have any more bodily contact (before cuddling).
- 4. Hand out STD Worksheet 2 (also called Transparency 1), and put it on the overhead projector. Explain that any contagious disease, sexual or otherwise, is caused by an organism or living thing. There are 5 basic kinds of disease-causing organisms: bacteria, viruses, protozoa, fungi, and ecto-parasites. Begin by defining each of these (see STD Reference Sheet 1 for definitions).

Explain that the infections in the right-hand column are not STDs because, although they could be transmitted while having sex, they are usually transmitted in other ways. A cold, for example, is passed by sneezes, or by just touching a desk where someone coughed an hour ago and the desk hasn't been sterilized since (NOTE: They are on the Transparency to provide a familiar, non-threatening context within which to introduce STDs).

Now explain that both of the other columns are for STDs. Unlike the infections in the righthand column, STDs cannot be transmitted as easily. Sneezing, for example, cannot transmit an STD. The ones you will be putting in the left hand column are the ones which are only transmissible through:

- (1) sex with an infected person, or
- (2) being born to a mother who has that infection, or
- (3) sharing a needle.

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Those you'll be putting in the middle column are often or usually transmitted in those ways, but are sometimes transmitted other ways, which you will discuss.

Have the class brainstorm all the STDs they have ever heard of. As they suggest STDs, you write them on the Transparency in the appropriate boxes and they write them on their own copies. We have provided an answer key. You need not ensure that every disease on the answer key gets listed, only those in **bold** print, but you may have to contribute a few diseases students neglect to mention.

NOTE: The following are not specific germs; they are named for the location of the infection:

- Pelvic Inflammatory Disease
- Nongonoccal Urethritis (NGU) or Urinary Tract Infection (UTI)

Next, discuss the infections in column 2. These are frequently or easily spread by sex, but *can* be spread other ways. Elaborate on other possible modes of transmission (besides sex, needles and pregnancy/childbirth), specifically.

#### Emphasize that NO STDs are transmitted on doorknobs, toilet seats, drinking cups, etc.

- 5. Hand out STD Reference Sheets 1 and 2, and have volunteers take turns reading them aloud. They are strictly for reference purposes, not to be memorized and recalled. Stress this because students should never try to self-diagnose or self-medicate.
- 6. Respond to the questions from the STD envelope (and oral questions) regarding STDs, in general. Save questions about HIV & AIDS for Lesson 25.

### **STD Worksheet 1**

Name	Period
YOUR BEST GUESSES	OTHER CORRECT ANSWERS
A) A person might think he or she had an STD if	lf
B) If a person thinks she or he might have an STD, she or he should	Should
C) Some STDs, if they aren't cured, can lead to	to
D) A person can reduce his or her risk of giving or getting an STD by	by

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## STD Worksheet 2/Transparency 1

kind of organism	transmitted <b>ONLY</b> by sex or pregnancy or needles	SOMETIMES transmitted by sex, pregnancy or needles	NOT usually transmitted by sex, pregnancy or needles NOT STDs
bacterium			strep throat mononucleosís
virus			cold flu chícken pox Hepatítís C
protozoan			
fungus			athletes' foot yeast infection jock itch
ecto- parasite			fleas head líce

### STD Worksheet 2/Transparency 1: Answers

kind of organism	transmitted <b>ONLY</b> by sex or pregnancy or needles	SOMETIMES transmitted by sex, pregnancy or needles	NOT usually transmitted by sex, pregnancy or needles NOT STDs *
bacterium	gonorrhea syphílís chlamydía Pelvíc Inflammatory Dísease ("PID" often caused by gonorrhea or chlamydia)	Nongonoccal Urethrítís ("NGU") Bacteríal Vagínosís ("BV" usually from sharing needles or sex toys)	strep throat mononucleosís
virus	Hepatítís B (HBV) Human Papíllomavírus ("HPV"also known as "genital warts") genítal herpes (HSV1 or 2) Human Immunodefícíency Vírus ("HIV Disease" last stage: AIDS)	Nongonoccal Urethritis Cytomegalovirus ("CMV") Hepatitis A ("HAV" usually from preparing food, possibly from oral-anal sex) oral herpes (HSV1 or 2 usually from a kiss, sometimes from oral-genital sex)	cold flu chícken pox Hepatítís C ("HCV" usually from sharing needles, but not sex)
protozoan	trichomoníasis	<b>gíardía</b> (from anal sex but also called "campers' diarrhea" when it comes from contaminated water or food)	
fungus			athletes' foot yeast infection jock itch
ecto- parasite		<b>pubic lice</b> (from sex or from clothing or bedding) <b>scabies</b> (from sex or from non-genital skin-to-skin contact)	fleas head lice *In theory any germ could be transmitted during sex, but it's not common for those in this column.

# STD Reference Sheet 1: A Glossary

ACQUIRED	obtained after conception or birth; not inherited via genes
ACUTE	sudden and serious, not chronic
A.I.D.S.	Acquired Immune Deficiency Syndrome, the end stage of a disease caused by the germ "HIV"; usually fatal, often within 2 years of diagnosis
ANTIBIOTIC	a group of medicines such as penicillin used to cure bacterial and fungal infections
ASYMPTOMATIC	symptoms are <i>not</i> present, but infection <i>is</i> present, and a person may be contagious
BACTERIA	a one-celled organism without a nucleus, some are harmful
BACTERIAL VAGINOSIS	an inflammation of the vagina caused by the overgrowth of certain bacteria, including <i>Gardnerella vaginalis, Gardneralla mobiluncus</i> , and <i>Mycoplasma hominis</i>
CHANCRE	painless sore; a symptom of early syphilis
CHRONIC	lasting a long time and sometimes serious; not acute
C.M.V.	CytoMegaloVirus; a virus that infects most people worldwide and is usually harmless except in people with weakened immune systems
CONGENITAL	present at birth, either inherited or acquired during pregnancy or birth
CULTURE	to grow a micro-organism in a laboratory; this may be done as part of an STD test
CURE	to completely rid the body of infection; some treatments cure infections, while others only help the symptoms
DIAGNOSE	a health provider finds out what's causing the infection; friends, the internet, or your best guess are not good enough
DORMANT	not active; sort of asleep (latent)
ECTO-PARASITE	little bug that lives on or near the surface of the skin, and needs the body for its survival, sometimes harmful
ECTOPIC PREGNANCY	a pregnancy in which the embryo implants itself in the woman's fallopian tubes, or somewhere else besides the uterus (sometimes caused by scar tissue left by an STD); ectopic pregnancies are fatal if not surgically removed
EPIDEMIC	too many cases of a disease (more than expected, more than usual)

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EPIDEMIOLOGY	the study of how diseases spread through populations
FUNGUS	a microscopic plant; sometimes harmful
GERM	a harmful micro-organism
HEMOPHILIAC	a person with the genetic problem "hemophilia", a birth defect which makes the blood unable to clot
HEREDITARY	inherited; something people get through their parents' genes
HETEROSEXUAL	1) mostly attracted to people of another gender (a man who gets crushes or falls in love mostly with women; a woman who gets crushes or falls in love mostly with men 2) sexual touch between people of two different genders
H.I.V.	Human Immunodeficiency Virus (HIV), an organism that can damage the immune system, causing what is called "HIV Disease" and sometimes leading to AIDS
HOMOSEXUAL	1) mostly attracted to people of your own gender (a man who gets crushes or falls in love mostly with men; a woman who gets crushes or falls in love mostly with women 2) sexual touch between people of the same gender
I.D.U.	Injection Drug User (usually heroin, can be steroids or methamphetamine)
IMMUNITY	the body's ability to fight infections; when a person is less able to fight infections, he or she is "immune-deficient" or "immune-compromised"
INFERTILE	not able to become pregnant or to help one's partner become pregnant
-ITIS	suffix meaning inflammation (heat, redness, swelling, soreness); so "laryngitis" is inflammation of the larynx and "appendicitis" is inflammation of the appendix
LESION	sore or chancre, an opening of the skin allowing infection, like HIV, to enter the body easily
MICRO ORGANISM	an organism so small it can only be seen under a microscope
MUCOUS MEMBRANE	a warm, wet part of the body (eyes, nose, throat, inner ears, labia, urethra, vagina, cervix, rectum and anus); the end of the penis is also considered a mucous membrane, even though it is not wet, because the skin there is easy to penetrate
M.S.M.	Men who have Sex with Men; includes men who have male partners (and sometimes female partners, too) but who don't think of themselves as gay

N.G.U.	Nongonococcal Urethritis; any inflammation of the urethra which is not caused by gonorrhea; doctors use this term when they don't know what is causing the infection. It often turns out to be chlamydia	
ORGANISM	living thing	
-OSIS	suffix meaning abnormal or diseased condition	
P.I.D.	Pelvic Inflammatory Disease; any inflammation of the uterus, fallopian tubes, or ovaries; usually caused by gonorrhea or chlamydia; often leaves scar tissue that may, in the future, cause an ectopic pregnancy, cancer, or infertility	
PREVENT	to keep something from happening in the first place	
PROTOZOAN	a one-celled organism which is neither a plant nor an animal; sometimes harmful	
R.T.I.	Reproductive Tract Infection; any harmful microorganism that has entered the reproductive tract (vagina for women, urethra for men), usually by sexual transmission, but not always; does not include oral or anal infections	
S.T.D.	Sexually Transmitted Diseases; any of about thirty infections which people always, or often, catch through sexual contact and possibly with NO symptoms, so "disease" can be misleading (formerly called VD for venereal disease)	
S.T.I.	Sexually Transmitted Infection; a term used by health providers to show that many infections don't cause disease; they are asymptomatic and don't always cause adverse reactions	
SEQUELA	a condition that is the consequence of a previous disease, plural: sequelae; i.e., PID can be a sequela of chlamydia; blindness can be a sequela of CMV	
SYNDROME	a group of symptoms which often happen together	
TRANSMISSIBLE	you can catch or spread it (synonyms: communicable, contagious)	
V.D.	Venereal Diseases (STDs) named for Venus, the goddess of love, thus "love diseases"; this term is outdated and no longer used	
VIRUS	a packet of genes, not even a whole cell, which cause harm by entering the body's cells and turning them into virus factories	

## **STD Reference Sheet 2**

Life threatening <sup>2</sup>	Serious Consequences	No Serious Consequences
<ul> <li>HIV Disease*</li> <li>Syphilis**</li> <li>Hepatitis B***</li> <li>Genital Warts (HPV) ****</li> </ul>	<ul> <li>Chlamydia*<sup>/**</sup></li> <li>Gonorrhea*<sup>/**</sup></li> <li>Pelvic Inflammatory Disease (PID) *</li> <li>Genital Herpes**</li> <li>Cytomegalovirus (CMV) **</li> </ul>	<ul> <li>Pubic lice*/**</li> <li>Scabies*/**</li> <li>NGU / UTI*</li> <li>Trichomoniasis*</li> </ul>
<ul> <li>* End stage HIV Disease is what we call "AIDS."</li> <li>** Syphilis can kill a person eventually if untreated. Remember, though, it is curable and doesn't cause serious consequences, except in newborns, if treated early.</li> <li>*** Hep B can cause chronic pain, dementia, and even can be fatal, eventually, if they are chronic that is, if your body doesn't "clear the disease" on its own. We don't know why some people's bodies do &amp; some don't. Remember, though, there is a vaccine to prevent Hep B.</li> <li>**** Some viruses in the HPV family cause cervical cancer (which can be fatal). Most do not. There's a vaccine to prevent catching 4 of the cancer-causing varieties.<sup>3</sup> It is still possible to avoid cancer, even if you have one of the cancer- causing kinds of HPV by having Pap Tests regularly.</li> </ul>	<ul> <li>* Chlamydia &amp; Gonorrhea, if untreated, can lead to PID in women. PID, if not treated early, can lead to infertility, ectopic pregnancy, or chronic pelvic pain. In men, Chlamydia &amp; gonorrhea can lead to epididymitis and chronic scrotal pain as well as chronic pain with urination. Chlamydia &amp; gonorrhea are curable, though.</li> <li>** Herpes and CMV (and gonorrhea &amp; chlamydia except when they lead to PID) cause serious consequences not so much to teens &amp; adults, but mainly if a baby gets infected during pregnancy or birth. Congenital CMV - meaning present at birth - is a very common cause of serious disability in newborns, including mental disability; lung, liver and spleen problems; hearing loss; bleeding problems; vision loss; and growth problems. Besides endangering babies, herpes and CMV can also endanger a person with HIV.</li> </ul>	<ul> <li>* All four of these are curable.</li> <li>** We call pubic lice and scabies "STD's" because they are often spread sexually, but they can also be spread by sharing clothing or bedding even sleeping in a bed where someone spent the previous night who had lice, if the lice laid eggs on the bedding.</li> </ul>

continued ...

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### **Common Symptoms**

Name of Organism	Preventable by vaccine?	Treatable?	Curable?	OFTEN NONE	discharge	sores	pain / burning	rash / itching	sdwnq / sdwnl	other
Bacterial Vaginosis (BV)		yes	yes	☆	☆					
Chlamydia		yes	yes	☆	¥		☆			
Cytomegalovirus (CMV)				☆						☆
Genital Herpes		yes		☆		☆				☆
Genital Warts (HPV)	<b>yes,</b> against 4 types of HPV in women	yes		☆					\$	
Gonorrhea		yes	yes	☆	☆		☆			
Hepatitis A – Often Not an STD	yes	yes		☆						\$
Hepatitis B	yes	yes		☆						☆
Hepatitis C – Usually not an STD		yes		☆						☆
Human Immunodeficiency Virus (HIV)		yes		\$				☆	☆	☆ !!
Nongonococcal Urethritis (NGU)		yes	yes							
Pelvic Inflammatory Disease (PID)		yes	yes	\$			☆			
Pubic Lice		yes	yes					☆		
Scabies		yes	yes					☆	☆	
Syphilis		yes	yes	☆		☆		☆		☆
Trichomoniasis		yes	yes	☆	*		\$			

Condoms are very effective at preventing: <sup>4</sup>	Condoms might not cover the place on the body that was infected:					
<ul> <li>HIV Disease</li> <li>Chlamydia</li> <li>Gonorrhea</li> <li>Hepatitis B, C</li> <li>Syphilis</li> <li>Cytomegalovirus</li> <li>Trichomoniasis</li> <li>NGU / UTI</li> <li>Pelvic Inflammatory Disease</li> </ul>	<ul> <li>Genital Herpes</li> <li>Genital Warts</li> <li>Pubic lice</li> <li>Scabies</li> </ul>					

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- <sup>2</sup> CDC Website. Sexually Transmitted Diseases Fact sheets. Available at: <u>http://www.cdc.gov/STD/HealthComm/fact\_sheets.htm</u>. Accessed May 2, 2006.
- <sup>3</sup> CDC Website. HPV Vaccine Questions and Answers. Available at: <u>http://www.cdc.gov/std/HPV/STDFact-HPV-vaccine.htm</u>. Accessed June 30, 2006.
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