

Note: This report contains language that some may find offensive. Such language is that used by participants during the community conversation and is included to more fully elucidate participant responses and perspectives.

Increases in Early Syphilis: a Community Conversation

On August 12, 2010, thirteen men participated in a community conversation about increases in the number of early syphilis cases in the first half of 2010 compared to the same time period in 2009. Conversation participants were invited to the conversation through word of mouth, an announcement made at an Embrace Steering Committee meeting, an announcement in the OutFront Colorado newspaper, and through information available on both Embrace's and Element's Internet homepages. The announcement that appeared in OutFront specifically noted that much of the conversation would involve a discussion about syphilis and finding partners online.

Conversation participants included men who managed or provided HIV prevention or educational services, participants in Embrace or Element project activities, and men with little or no prior involvement with the newly developing gay men's health and wellness movement in the metro Denver area. Among participants, seven related some experience with finding or attempting to find sexual partners online. Most, if not all, of the participants lived in the metro Denver area.

The conversation was facilitated by CDPHE staff and included an overview of the recent surge in early syphilis cases, characteristics of more recent cases, the natural history of syphilis, and the significance of syphilis and its impacts on a person's health. Participants engaged in a discussion of factors that they believed might explain the increase in cases and recommended appropriate responses to stem the rise in cases. The facilitator made use of an interview guide to focus the discussions; however, the conversation differed from semi-structured discussions characteristic of many focus groups conducted by the STI/HIV Section's R&E Unit in that the session was not electronically recorded for later transcription and analysis. Instead, in an effort to be mindful of the tenor and spirit of previous community conversations sponsored by Embrace and Element, responses were captured in writing by three conversation attendees (i.e., an Embrace staff member, a CDPHE disease intervention specialist, and the facilitator). Recorder notes were typed and analyzed to identify recurring and otherwise significant themes. This document summarizes information discussed during the conversation and significant findings that might inform efforts to reduce syphilis morbidity among gay men in Colorado.

Syphilis Awareness

Many participants indicated that they were not aware that syphilis cases were increasing among gay men in Colorado although a few were aware of how syphilis had been increasing among gay men living in various parts of the U.S. as a result of reading information available in the nationally distributed *POZ* (magazine and website) and the Body (website). Although some participants recalled having seen information about syphilis at bus stops and in bathhouses and bars in previous years, they reported not

knowing of existing efforts to increase awareness about the current resurgence of syphilis in Colorado.

When asked about their reaction to information that syphilis was again increasing among gay men in Colorado, a number of participants stated that they were not surprised. Others offered that they were aware of the increase but that such knowledge had not prompted any changes in their behavior. Another participant offered that he was aware that syphilis was serious but also knew that it could be treated [and cured] with medicine.

Factors believed to be associated with the surge in syphilis cases

In response to a question about what has changed since 2000 when the number of syphilis cases was very low in Colorado compared to that in 2010, participants cited the use of meth among gay men, the increased use of Internet sites to find and “hook up” with sexual partners, the addictive nature of online hook-ups, and the relative ease of finding partners using the Internet. Others offered that more gay men are also engaging in serosorting as they achieve undetectable viral loads through use of antiviral medications. At least one bathhouse in metro Denver (the Triple C) was specifically mentioned as significantly contributing to the current syphilis increase due to the amount of substance use and in particular meth use purported to occur in that venue. Participants also cited the asymptomatic nature of syphilis compared to long standing HIV infection and the lack of visible messages about syphilis in the community.

Online hook-ups are easy.

Signs and symptoms of syphilis are not visible the way progressive HIV are.

HIV and STI Risk Reduction Practices

Participants living with HIV shared information about their sexual encounters after receiving an HIV diagnosis. For many of these men, HIV status disclosure, using condoms, achieving low viral loads before having unprotected sex, and having sex with other men living with HIV were offered as risk reduction strategies. There seemed to be agreement among most conversation participants that discussions of STI histories and STI risks were not occurring among gay men. When the facilitator reminded the participants that a number of STI including syphilis might not be avoided through use of a condom, a participant offered that gay men were focused most often on preventing HIV as a priority and gave much less consideration to preventing other STI. At least one participant indicated that he had not considered the risk for other STI within the context of having sex with other men who were also living with HIV.

I already have HIV. That's considered the worse. I don't really think much about other STD.

Finding Sexual Partners Online

There seemed to be general agreement that Internet sites were extremely important venues to meet partners. The sites were described as varying greatly in terms of the levels of interactions, expectations regarding sexual behaviors, and social etiquette. For

example, what might be expected or acceptable on adam4adam.com might not be acceptable for men seeking sexual partners on Manhunt, Craig's List, or Match.com. No information was captured to further clarify these differences.

One participant was very vocal about his search for sexual partners using the Internet. He offered that his HIV infection was manageable and indicated that if he were diagnosed with an STI such as syphilis, gonorrhea, or chlamydia, that he would only need a shot or pill. He also indicated that he would be resistant to receiving prevention messages online asserting that they were a "buzz kill" and that most men seeking partners online felt similarly. Prevention messages were portrayed as an unwelcome intrusion into his search for sexual partners and he indicated that he would seek another online site if confronted with STI prevention messages.

I don't care about possible [STD] infections. I know the risks are out there, but I don't care.

I'm not online to be preached at.

When I go to the bar, drinking is my main priority. When I go online, ... [having sex] is my main priority.

Ninety-eight percent of people online don't want to hear prevention messages.

In contrast, one participant spoke about using online sites to look for relationships in addition to finding sexual partners. He further offered that he would be open to receiving STI prevention messages. This participant and another man spoke favorably about the Manhunt website on which health information could be found on banners and health educator pages.

Risk reduction messages

In preparation for the community conversation, the facilitator spoke with an infectious disease physician who offered several suggestions for how gay men might reduce their chances of becoming infected with syphilis. The facilitator also reviewed prevention messages available on the CDC's website. The messages below were read to conversation participants who were then asked for their reactions to the recommended risk reduction strategies.

- Know your partners.
- Limit the number of partners.
- Only have sex with one man.
- Examine your partners. Delay or abstain from having sex if your partner has lesions.
- Abstain from sex.
- Have sex within a mutually monogamous relationship.

Among participants, there was fairly unanimous and vocal rejection of the messages as read. Participants offered that the messages were unrealistic and not informed by men's online or other sexual partnering experiences. Still another participant expressed what might be a sense of frustration among many gay men who have adopted safer sex practices or other risk reduction strategies (e.g., serosorting) to avoid HIV transmission when he stated, "Everything is risky. What *can* we do?"

They [the recommendations] all suck.

Guys [online] want anonymous sex to be in the moment. [They] don't want to examine body parts.

HIV disclosure is hard enough - let alone disclosing your STD history.

If someone saw something funky [e.g., a lesion or rash], would they have the courage to walk away if they were already there and in the situation?

Participants offered a number of views related to the nature of ineffective and effective messages to prevent syphilis. Participants cautioned against messages that sounded preachy, overly clinical, engendered fear, or were perceived to be judgmental or shaming. Others offered that the messages should honor and respect gay men and present men with multiple options for protecting their health. Participants indicated that it was important to "get the language right." For example, a message that advised men to "check his penis" might be less acceptable than advice to "check his dick." Some questioned whether or not the material review process used by CDPHE would be a barrier to frank, effective messages. Participants also advised that messages be clear and simple, yet targeted to reach various segments of gay men living in the Denver area. Several participants spoke in favor of more passive online outreach in which men could choose to access information as opposed to being approached with health information while they were online. There also seemed unanimous agreement among participants that gay men must be involved in message development. Participants also recommended that gay bar and bathhouse owners be engaged in STI prevention efforts.

Leave us alone. If we want to look at a banner we will. Don't come to us. We'll come to you.

A number of recommendations were put forth regarding the content, audience, and media related to disseminating syphilis prevention messages. Participants overwhelmingly recommended that messages should support a norm for regular syphilis testing among gay men including information about how frequently men should be tested. Less frequently discussed were messages regarding educating men about syphilis symptoms or supporting behavioral changes related to limiting or selecting one's partners. Participants cited the need for messages that would raise awareness about syphilis in general including providing information about the rise in the number of cases, ways that men could become infected with syphilis, and syphilis symptoms. One participant's comments suggested a possible need to help men reflect on the circumstances

surrounding their sexual behaviors when he stated that “just because you can have sex doesn’t mean that you should.” Another participant offered that any messages be framed more comprehensively around protecting gay men’s health rather than simply focusing on one disease whether that disease is syphilis, HIV, or another STI. Similarly, another participant recommended that a campaign to encourage gay men to be tested for STI be connected to efforts to increase more general health awareness. Participants also suggested that men needed help discussing their request to be screened with a health care provider. Health care providers were in turn described as needing guidance about appropriate medical follow-up when a man presented for screening since many may not see patients with STI nor know how to appropriately screen for and treat those infections. Other participants suggested that messages should include realistic information about the possible difficulties men might experience if they were infected with an STI (e.g., being unable to afford co-payments associated with a doctor’s visit or having to invent a story to explain a rash to co-workers).

Participants offered a number of options that might be put into place to disseminate STI prevention messages. Participants recommended a community level intervention to encourage syphilis screening and remove the stigma associated with being tested for STI. Some suggested reviewing campaigns that had been initiated in other parts of the U.S. that may or may not have been specifically related to preventing or detecting syphilis but were viewed as effective in achieving their desired ends. These included the “No Hate” campaign that was described as modern and attractive, the “I Know” campaign that included sexy images and engendered curiosity because of the simple two-word statement, and San Francisco’s MRSA response as an example for disseminating urgent health messages. In addition to referencing existing health campaigns, other participants suggested developing new campaigns such as “It’s not just a pill.” Despite the varying levels of receptiveness to online prevention messages, participants recommended working with online sites to create prevention and other health messages. Information about syphilis in bars, bathhouses, on billboards, and at bus stops was also cited by some participants as being effective.

If you are sexually active at all, get screened for everything regardless of your HIV status.

When participants were asked how gay men’s sexual networks might be involved in preventing STI, some recommended the use of Facebook to promote sexual health among existing networks. Others offered that skill building related to having discussions about syphilis, HIV, or other STI could be supported through facilitated small group discussions in which men learned to talk to their friends about their sexual behaviors, online hook-ups, and associated risks. One participant offered that conversations about syphilis would be more effectively promoted through the implementation of “gay Tupperware parties” rather than through posters or flyers. Another participant’s comment further reinforced the important role that social networks might play in supporting gay men’s health by providing an opportunity to discuss the difficulties in avoiding high-risk behaviors. He offered, “I did not feel so alone knowing that some of my friends were also having unprotected sex.”

In light of the difficulties related to ensuring screening when men visited a health care provider, participants recommended a cheat sheet or pamphlet that included various infections for which gay men should be screened (e.g., HIV, syphilis, chlamydia, gonorrhea, hepatitis) and tips for discussing the need for screening with their providers. One participant offered what might be the tagline for such a pamphlet – “[Even] If you can’t discuss it with your mother, you should be able to discuss it with your doctor.” Additionally, they recommended that providers be educated about the increase in syphilis cases, signs and symptoms of syphilis and other STI, the need for screening, and appropriate screening and treatment practices.

Interactions with the health department

Some participants living with HIV spoke about their involvement with the state health department after being diagnosed with HIV or a subsequent STI. In many instances, these interactions were described in negative terms with participants reporting that they felt threatened if they did not cooperate; did not agree with or understand a process in which information about their case would be reviewed by a panel within the health department; or were the target of a sexual partner who maliciously gave his name to health department staff despite being informed by the participant of the participant’s HIV status. One participant contrasted his negative interactions with a positive experience in which he accompanied a public health worker to give a man his results. Given the focus of the conversation, the facilitator suggested that experiences involving partner services might best be explored in another conversation or context but committed to informing the STI/HIV Section management of the need to more fully explore people’s experiences related to receiving such services.

Summary

During the course of a two and one-half hour period, thirteen gay men engaged in a discussion about the increase in the number of syphilis cases occurring among gay men living in the metro Denver area, reasons for the increase, and recommendations for appropriate responses to the rise in early syphilis cases. Highlights of that conversation include:

- Many participants were unaware that the number of early syphilis cases had been increasing.
- Many participants had successfully initiated behaviors that help to avoid HIV transmission (e.g., using condoms when having oral sex, disclosing HIV status, having sex with other men living with HIV if they themselves had HIV). However, many had not considered the risk posed by other STI, which might still be present even if practicing safer behaviors to avoid HIV. Few participants had discussed STI risk with their partners and would likely need support to have such discussions.
- Online settings are recognized as extremely important venues for meeting sexual partners with different sites characterized as supporting varying levels of

interaction, expectations, and etiquette. For some men, online hook-ups are highly driven by the need to find sexual partners while others may additionally be searching for more long-term relationships. Some men may be very resistant to receiving prevention messages online.

- Syphilis prevention messages should be framed within the larger context of protecting the health of gay men. STI prevention messages that are perceived to be sex negative and uninformed by gay men's sexual and partnering experiences may not be well received. Instead, participants recommended actions that could be taken to avoid STI while remaining sexually active.
- Encouraging gay men to be screened for syphilis was the recommendation that received the highest level of support among conversation participants. Awareness about the need for screening could be encouraged through the use of community level interventions, social marketing campaigns, and the use of various media (e.g., billboards, flyers, Facebook, online sites for meeting sexual partners). Additionally, participants cited the need for more widely available information to raise awareness about syphilis among gay men (e.g., providing information about the increased number of cases, ways syphilis is transmitted, and syphilis symptoms).
- Some gay men may need support in talking with their partners and health care providers about sexual health. Suggested supports included holding small group discussions about STI, online partnering, and other behaviors and circumstances that place men at risk for STI. A cheat sheet might also be developed that would help men communicate the need for STI screening to their health care provider.
- Participants recommended that efforts be made to educate health care providers on the need to appropriately screen for and treat various STI.
- Given the diversity of gay men in the metro Denver area and the need for targeted messages, it is critical to meaningfully engage gay men in message development.
- Some gay men have described negative interactions with public health staff providing partner services. CDPHE should more fully identify men's perceptions of partner services and explore ways to improve its prevention services as these involve interactions with gay men.