Talk *from A1*

Dane Zahner, Prevention and Education manager for HIV Alliance, said, "But in this day and age, you need to have a conversation about how much you're tested. We're all adults here. If you don't have that conversation, you don't know."

Zahner and Miley spoke as they were setting up supplies for free HIV and Hepatitis C test-ing, a program performed throughout the Lane County. The clinic is provided by the HIV Alli-ance, which provides care coordination, nurse management, dental services and pharmaceuti-cal support to people living with HIV/AIDS and Hepatitis C, along with prevention services such as syringe exchanges.

Miley walked through the process of the free test, which begins with a screening about past STI testing.

"We're going to fill out a form, just letting people know what HIV and Hep C is," she said. "You get HIV through breast milk, semen, peritoneal fluid, rectal fluids and blood. It can take up to three months for the test to show up because it's looking for antibodies."

While there's no outbreak of HIV in the Cottage Grove region, Hep C is still a major con-cern. Nationally, the disease is making a comeback, with rates increasing 400 percent in younger populations between 2004 and 2014, according to a 2017 report by the Center for Dis-ease Control (CDC). That rise is happening in younger populations, due primarily to the rise in opioid use.

The Hep C virus, which can last in the system for decades before becoming dangerous, is transmittable by blood, and can survive outside of the body for weeks. Because of that, individ-uals who share needles can spread the disease easily, which is causing the increase.

Although one of the HIV Alliance's main focuses on Hep C testing is drug users, it's still im-portant for the overall region. The CDC reported that most of the people living with Hep C are Baby Boomers, born between 1945 and 1965.

"We've tested people who've had it for 20, 30 years and didn't even know," Miley said. She said, adding that in the past, "Hep C wasn't even discovered, they just said non-A and non-B. And they didn't realize that it was passed through blood, so they didn't know it could be passed through blood transfusions from blood donation."

Testing for Hep C and HIV is important, and Miley showed, simple.

"If we're testing for both HIV and Hep C, what we do is just a quick finger stick," she said. "A little lancet, take the blood out of the finger, and then we have a rapid test that takes 20 minutes to give you the results."

Miley will then hand the patient a small card with the results and date of testing.

"If they have a new partner, they can say, 'Here you go.' I've had people who've come and get tested while they're on a date. It's really kind of awesome when you see that," she said.

The actual test is easy. But talking about the need for testing? That's the hard part.

For younger generations, talking about STIs has become somewhat routine. "Younger peo-ple know more, because they grew up with it," Miley said.

And it's easier to tell when something is suddenly wrong.

Pfaff, who works at the walk-in clinic, stated that the majority of the patients she talks to about STIs are younger.

"I would say 20- to 40-year-olds are who is coming in," she said. "I do think in that popula-tion there's a lot of drug and substance abuse. That tends to make people uninhibited, and more likely to have an encounter that they normally wouldn't have."

The majority of STIs Pfaff sees in the walk-in clinic are chlamydia, gonorrhea and herpes, and "sometimes we get rashes coming in that are HPV (human papillomavirus), which is a lesser talked about infection," she said, all of which can give off symptoms that can be rather startling for younger patients.

"For example, somebody comes in having burning with urination," Pfaff said. "They're wor-ried about an infection that may lead to vaginal symptoms. If you're having vaginal symptoms, does that mean you're sexually active, or does it mean something else is happening there? For men, it's rashes and urinary tract health or prostate symptoms."

If a patient is in their 20s and has no previous history with these symptoms, it can lead to questions such as "Are you concerned because you have a new partner?" Pfaff said. "So those problem-focused visits lead you to ask those certain type of questions. … I do think the younger population has had more of that be part of their norm when it comes to talking about sexual health, so they're much more open to seek care."

However, for older patients, these symptoms can be shared with other common maladies that are the natural part of aging. Sometimes, the conversation doesn't happen.

"It takes a certain amount of rapport," Pfaff said. "Older people may be offended if they get asked, especially coming from a younger provider. 'Are you suggesting that I'm promiscu-ous or unfaithful?' You have to approach that delicately. But you can't assume that people aren't having sex. If they're physically able to have sexual relations with their spouse or signifi-cant other, that's something they may enjoy, and they just may not tell you about it."

In 2007, the New York Times reported on a study published by the New England Journal of Medicine that attempted to overturn the stereotypes regarding aging and sex. Some of the re-sults included:

More than half of those aged 57 to 75 said they gave or received oral sex, as did about a third of 75- to 85-year-olds.

Sex with a partner in the previous year was reported by 73 percent of people ages 57 to 64; 53 percent of those ages 64 to 75, and 26 percent of people 75 to 85. Of those who were ac-tive, most said they had intercourse two to three times a month or more.

Only 22 percent of women and 38 percent of men had discussed sex with a doctor since age 50.

"When you're 70, the world is a different place," Miley said. "I feel that sometimes they put themselves at a higher risk because they aren't using condoms, or they're not worried about testing. If they've only had one partner and they've been negative, that's fine. But if all of a sudden, they've lost their partner and they've been out, had multiple partners and they didn't use condoms, they need to be tested. They're not sure what they're exposing themselves to. Older men have talked to me about certain issues as they age. Condoms are harder to use be-cause, well, you know …"

The New England Journal of Medicine found that one out of seven men used Viagra or oth-er substances to improve sex.

Miley continued, "There are other options that you can use like internal condoms — which was the female condom, they changed the name of it. That can be used if someone has an erection or not. So, there's different ways. Sometimes you have to be a little creative. I've test-ed people into their 80s who are still active. Maybe they were married for 40, 50 years. Spous-es have passed away, situations have changed. And they're not always aware of things."

Or, they just don't know they should be worried. The majority of STIs have become man-ageable through medication, even HIV, which can lead to a someone not caring if they get an infection.

"But at 70, it can be far worse than it is at 25, because you may have other health issues that may impact," Miley said. "If you get HIV, it may be harder to treat because maybe you al-ready have heart issues, or kidney issues. Then it's going to make it more challenging for a doc-tor to know what works, because they have to look at what medications will counteract with other medications. As you age, it becomes harder to manage. The more health issues you have, the more complicated it can make your medical care. We can help people survive, they can thrive, they can live a great life. But it is still a lot of work to do. If you don't have to do that, why put yourself through that?"

And, as Pfaff pointed out, this way of thinking can also be unfair to a person's partner(s).

"It affects everybody, especially when there's multiple partners involved. There are people in very short-term relationships who move from one partner to another. That has a much big-ger risk, and not knowing what your medical history is and not getting tested is a big thing," she said.

While STIs can be difficult to talk about no matter what age group, it is still important to talk about it.

"If you have a concern, come in and talk, be open, and share what's going with your life," Pfaff said. "Not just medically, but, 'By the way, I have a new partner.' Talk about that."

And get tested when necessary.

HIV Alliance offers free HIV and Hepatitis C testing, no appointment needed, from 12 to 2:30 p.m., and 5:30 to 7 p.m. at the Center for Recovery, located at 75 South 5th St. in Cottage Grove.

For more information, visit hivalliance.org.

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