STD/HIV Disease and Health Risks Among Workers in the Adult Film Industry

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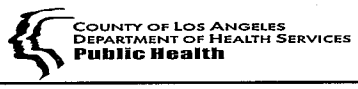


Outline

- STD /HIV Risks In the Adult Film Industry (AFI).
- Estimated STD Disease Burden Among Workers in the AFI in Los Angeles County.
- Common Myths Regarding STD Testing.
- STD Prevention and Control Measures.
- Role of Health Departments in STD Prevention and Control.
- Current Barriers to Successful STD Prevention and Control.
- Recommendations of the Los Angeles County Department of Public Health.

STD Risks to AFI Performers

- STDs are common among AFI performers
- Preventable by condoms
- Most STDs are "silent" and go undiagnosed
  - present w/ no signs or symptoms
  - identified ONLY through screening
- Serious and significant consequences
  - Significant morbidity or life threatening
  - STDs increase risk of HIV
  - Performers not an isolated community; have sexual partners outside of work

STD Risks to AFI Performers

Current AFI workplace practices increase risk:

- High-risk sexual practices on film sets:
  - Multiple partners over short time periods
  - Ejaculation into face, mucus membranes, mouth/eye
  - Internal vaginal and/or anal ejaculation
  - Unprotected anal sex common including extreme double vaginal or double anal penetration
  - Sharing sex toys, oral-anal contact, oral sex after anal (ATM)
- Prolonged intercourse coupled with:
  - Anogenital trauma w/ bleeding or menstruation
  - Exposure to blood, semen, seminal and vaginal/cervical fluids
- Lack of protective equipment:
  - Limited use of condoms

STD Risks to AFI Performers

Serious health consequences

HIV	→	AIDS; often fatal
Chlamydia Gonorrhea Trichomoniasis (Trich) Bacterial vaginosis	→	Increased risk of HIV PID, Infertility Pregnancy complications Neonatal infection
Syphilis Herpes simplex virus	→	Increased HIV risk Neonatal infection
Hepatitis B virus Hepatitis C virus	→	Liver disease, liver cancer Neonatal infection
Human papillomavirus	→	Cervical, penile, anal and oral pharyngeal cancer Neonatal infection

STD Risks to AFI Performers

STDs spread by fluid exposure to mucous membranes

- Contact of FLUIDS (pre-ejaculate, semen, penile discharge, cervical/vaginal or anorectal secretions) with
  MUCOUS MEMBRANES - urethra, cervix/vagina, anus/rectum, mouth/throat, eye
  - Vaginal, anal, oral sex
  - Shared sex toys
- STDs include:
  - Chlamydia
  - Gonorrhea
  - HIV
  - Hepatitis B (HBV) } also in blood
  - Hepatitis C (HCV) } also in blood
  - Trichomoniasis
  - Bacterial vaginosis (BV)
- Easily preventable by condoms

STD Risks to AFI Performers

STDs spread "skin to skin"

- Spread by contact of infected skin/mucous membrane with partner's skin/mucous membrane
  - Vaginal, anal, oral contact
  - Shared sex toys
- STDs include:
  - Herpes simplex virus (HSV) } also in fluids
  - Human papillomavirus (HPV) } also in fluids
  - Syphilis - also can be in blood
- Preventable by condoms

STD Risks to AFI Performers

STDs spread by fellatio

- Chlamydia
- Gonorrhea
- HSV
- Syphilis
- HIV

STDs transmissible to eye

- Chlamydia
- Gonorrhea
- HSV

STD Risks to AFI Performers

STDs spread by "fecal-oral" contact

- Most fecal/oral infections are transmitted by contaminated food or water; transmitted sexually through:
  - Anilingus
  - Fellatio immediately after anal sex (ATM)
  - Oral contact with sex toys immediately after anal contact
- Sexually transmitted enteric infections include:
  - Hepatitis A (HAV)
  - *Entamoeba histolytica*
  - *Giardia lamblia*
  - *Shigella*
  - *Salmonella*
  - *Cryptosporidium*
  - *Campylobacter*

STD Risks to AFI Performers

Estimated risk of infection from 1 vaginal sex act with an infected partner:

Gonorrhea:	**20-90%**
Chlamydia:	**45%**
HPV:	**40%**
HSV:	**0.05 - 0.2%**
HIV:	**0.05% - 20%**

Review of Major AFI HIV/STD Health Risks

Unprotected Exposure	HIV Risk	STD* Risk
Anal sex	Very high	Very high
Vaginal sex	Very high	Very high
Ejaculate in vagina, anus	Very high	Very high
Ejaculate in eye	Very high	High
Oral-genital	Low**	High
Oral-anal	Low**	Moderate
Ejaculate in mouth	Low**	Moderate
Sharing toys, fingers	Low**	Moderate
Skin to skin contact	Very low	Moderate

* Also includes HBV, HCV, fecal-oral infections

** Low in general practice; occupational risk not clear, may be higher if lesions in mouth more prevalent, etc.

STD Risks to AFI Performers

- ***Screening*** does not prevent infection.
- Allows prompt identification and treatment of infected persons:
  - Can prevent adverse consequences of infections.
  - Prevents further spread to sex partners.

2004 HIV Outbreak in AFI

- In April, 2004, four outbreak related cases of HIV were identified in the AFI in Los Angeles County (one male, three females).
- LAC DPH investigation confirmed employment and sexual contact histories and documented workplace transmission of HIV.
  - HIV transmission in the adult film industry – Los Angeles, California, 2004. MMWR Morb Mortal Wkly Rep 2005;54:923–926.
  - Brooks JT, Robbins KE, Youngpairoj AS, et al. Molecular analysis of HIV strains from a cluster of worker infections in the adult film industry, Los Angeles, 2004. AIDS 2006; 20:923–8.

AFI STD Prevalence Summary,
Los Angeles County, 2004-2008

- Between 2004-2008, over 3,200 chlamydia and gonorrhea cases among performers were reported to the Los Angeles County Public Health Department.
  - ~75% of reported cases were in female performers
  - ~25% of all female performers were reinfected within one year
  - Females were 35% more likely to have a repeat infection within one year than were males
- Up to one-fourth of all performers* are diagnosed with at least one infection of chlamydia and/or gonorrhea each year.

*Based on estimates of 2,000-3,000 performers in the industry per year
Source: Los Angeles County STD Program, 2008

HIV case reports confirmed among AFI performers, 2004-2010

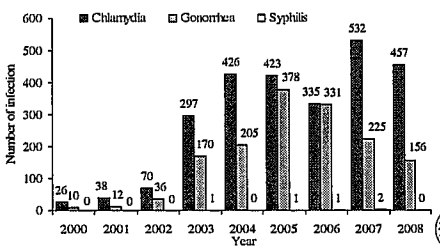
- 8 cases were employed in adult film at the time of their HIV diagnosis.
- Investigation documented that 4/8 (50%) were infected during an adult film production.
- This should be considered a minimum estimate as reporting of occupation on the HIV case report form is not required except if known to be a health care worker.

Chlamydia and gonorrhea infections reported among AFI performers,
Los Angeles County, 2004-2008

	Total		Males		Females	
STD	N	%	N	%*	N	%*
Chlamydia	1933	59.9%	680	75.2%	1251	53.9%
Gonorrhea	1055	32.7%	181	20.0%	874	37.6%
Chlamydia*Gonorrhea	240	7.4%	43	4.8%	197	8.5%
Total	3228	100.0%	904	27.3%^	2322	72.6%^

*Percent by gender; ^Percent of total

Sexually transmitted diseases reported among AFI performers,
Los Angeles County, 2000-2008

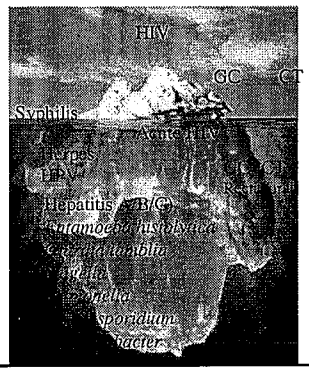


Common Myths Regarding STD Risks to AFI Performers

AFI: STD/HIV Testing MYTH

- Testing (medical monitoring) ensures that adult film performers are free of HIV/STDs and performers are "safer" than someone in the general population.

AFI STD Testing: What are we missing?



Current Medical Monitoring for STDs/HIV in the AFI is Nonexistent or Inadequate – (1)

- No STD/HIV testing in the "gay porn" industry.
- Medical monitoring in the "straight porn" industry is unregulated and compliance cannot be verified.
- Screening is not consistent with incubation periods for the diseases.
- Screening is not consistent with exposures by anatomic site, i.e., oral, rectal, urethral/cervical/vaginal often not tested.

Current Medical Monitoring for STDs/HIV in the AFI is Nonexistent or Inadequate – (2)

- Screening tests have inherent limitations based on sensitivity, specificity and biological material used for testing, i.e., urine, blood/plasma or collection method (swab).
- Performers are required to pay for tests/vaccinations which is not consistent with Cal/OSHA standard when vaccination is indicated or medical monitoring is required.

AFI: STD/HIV MYTH

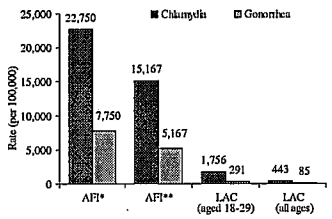
- Rates of sexually transmitted diseases in the adult film industry are lower than in the general population.

STD disease rates in the AFI are high and undercounted and contribute to spread to the general community

- Annual STD prevalence rate of chlamydia and gonorrhea in the AFI is between 15% to 25%.
- Compared to LAC residents, 18-29 years:
  - Annual prevalence rate of chlamydia and gonorrhea in the AFI is estimated to be over 8.5 times and 18 times greater, respectively.
- Compared to LAC residents, all ages:
  - Annual prevalence rate of chlamydia and gonorrhea in the AFI is estimated to be over 34 times and 60 times greater, respectively.
- TRUE STD prevalence unknown, due to undercounting, lack of comprehensive appropriate screening, empiric self treatment common.
- High STD rates, multiple concurrent partnerships results in "core transmitters" phenomenon.

Source: Los Angeles County STD Program, 2008

Estimated chlamydia and gonorrhea annual prevalence among AFI performers and the general population, Los Angeles County



*Based on 2,000 performers in AFI
**Based on 3,000 performers in AFI
LA County STD Program, 2008 STD Morbidity Data

AFI STD/HIV Test Results MYTH

- Sharing performer STD/HIV test results ensures a clean bill of health

Confidentiality of Medical Records

- Currently, AFI performers are required to agree to release confidential health information (STD/HIV test results) to employer or are not allowed to work in "straight" porn.
  - May violate a worker's right to medical confidentiality and is not consistent w/ Cal/OSHA blood borne pathogen standard which requires employers to maintain a confidential medical record for each employee.
  - May violate HIPAA confidentiality laws that protect personal health information.

Industry requires workers to waive any production company liability without providing adequate protection through the use of administrative, personal or engineering controls:

- Example of typical waiver of liability required by production companies prior to employment:

Model releases producer, and his employer, employees, agents, attorneys, successors and assigns from any and all claims arising out of this agreement or the use of the performance and/or audio portion including, without limitation, right of ... claims relating to disease or illness (including STD's), pregnancy, reproduction, and all other such claims whether or not listed above.

Model specifically acknowledges the potential for contracting sexually transmitted diseases, including HIV/AIDS, as a result of performing in sexually-explicit media, and with full knowledge of the risks involved, agrees to the releases contained in this paragraph;

Role of Health Departments in STD/HIV Prevention and Control

Disease Investigation H&S Codes - 1

- CA H&S Code (Sections120515 and 120575)
  - The department shall investigate conditions affecting the prevention and control of venereal diseases and approved procedures for prevention and control, and shall disseminate educational information relative thereto.
  - It is the duty of the local health officers to use every available means to ascertain the existence of cases of infectious venereal diseases within their respective jurisdictions;
  - To investigate all cases that are not, or probably are not, subject to proper control measures approved by the board, to ascertain so far as possible all sources of infection, and to take all measures reasonably necessary to prevent the transmission of infection.

Source: California Codes, California Health and Safety Code, Division 105, Part 3, Chapter 1 § 120575

Disease Investigation H&S Codes – 2

- CA H&S Code (Sections120175 and 100325)
  - Each health officer knowing or having reason to believe that any case of the diseases made reportable by regulation of the department, or any other contagious, infectious or communicable disease exists, or has recently existed, within the territory under his or her jurisdiction, shall take measures as may be necessary to prevent the spread of the disease or occurrence of additional cases.
  - The department shall cause special investigations of the sources of morbidity and mortality and the effects of localities, ***employments,*** conditions and circumstances on the public health and the department shall perform other duties as may be required in procuring information for state and federal agencies regarding the effects of these conditions on the public health.

Source: California Codes, California Health and Safety Code, Division 105, Part 1, Chapter 3 § 120175; Division 101, Part 1, Chapter 2 §100325

Public Health Department Steps in a Disease Investigation

- Local health department receives STD/HIV case report.
- Disease investigator attempts to contact patient.
- Initiates field visit.
- Elicit contacts (partners) of infected person.
- Refer to testing and treatment.

AFI Disease Investigation: Partner management for HIV, Chlamydia, gonorrhea, syphilis and other sexually transmitted pathogens

Rationale:

- identify infected persons likely to be "core transmitters".
- notify their partners of their possible exposure.
- provide infected persons and their partners w/ medical, prevention, and psychosocial services.
  - Test for other STDs/HIV, risk reduction counseling, sexual history

Goal of Partner Management:

- decrease STD/HIV transmission through early detection and treatment.

Source: MMWR, Centers for Disease Control and Prevention. Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection 2008 Nov 7;57

AFI Disease Investigation

- AFI workers w/ STDs are considered "core transmitters" due to extensive sexual networks w/ multiple and concurrent sexual partnerships.
- Infected workers are interviewed to elicit information about their workplace and personal sexual partners, who are then confidentially notified of their exposure and possible infection.
- Potential for rapid spread of HIV/STDs within a highly sexually active group makes partner notification a critical tool to limit further community disease spread.

Barriers to AFI Disease Investigations

- Transient nature of AFI workforce.
- Lack of cooperation w/ disease investigations by test sites, talent agencies, and production companies who hold employee records essential to identify and contact those workers infected as a result of workplace exposures.
- Performers reluctant to cooperate w/ DPH investigations due to fear they may face future hiring difficulties in the industry.

Barriers to AFI Disease Investigations

- Inability to identify the source of potential disease outbreaks and mount a rapid public health response when such outbreaks occur.
- Health departments need to be able to quickly identify individuals known to have been occupationally-exposed to STDs/HIV to ensure treatment, follow up and partner management to control further spread of disease to others in the community.

LAC DPH Recommendations -1

Since 2003, the County of Los Angeles has consistently urged regulation of the adult film industry to decrease the risk of occupationally acquired HIV and other STDs and to stop transmission into the community. These recommendations include:

1) Require all performers to use condoms.

2) Require screening for STDs consistent with incubation periods, anatomic site and performance characteristic of the diagnostic tests .

3) Require medical monitoring of workers consistent with the BBP and CalOSHA standards set by the State, with screening costs paid by the industry.

Sources: Letter from Thomas Garthwaite, MD to LA County Supervisors, 2/27/03; Testimony by Jonathan Fielding, MD, MPH, California Assembly Committee on Labor and Employment, 6/4/04; Testimony by Robert Kim-Farley, MD, MPH, CalOSHA Standards Board Meeting, 3/18/10

LAC DPH Recommendations -2

4) Maintain confidentiality of worker testing and other medical records out of view of the employer.

5) Require full cooperation of test sites, production companies and talent agencies during any investigation of possible workplace exposures.

6) Require ongoing monitoring to ensure compliance with reporting, CalOSHA workplace requirements and cooperation with investigation by state and local health departments.

Thank you

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COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
Public Health