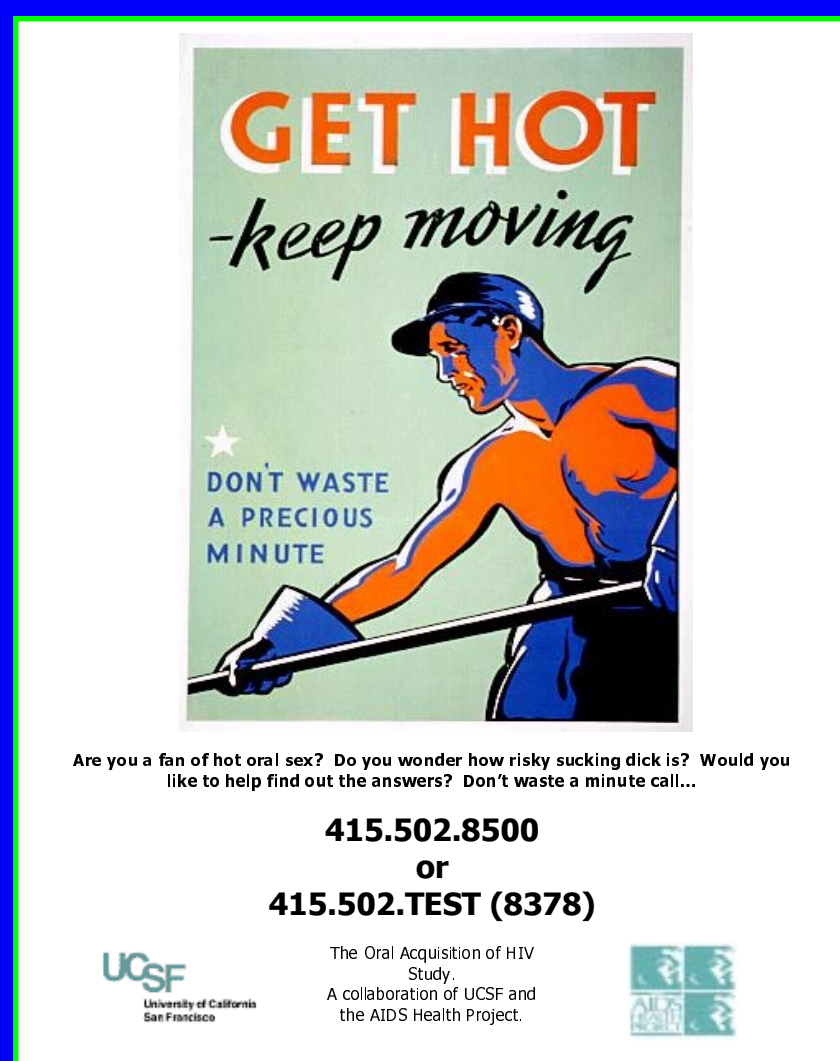


Risk of oral acquisition of HIV infection and oral sexual behavior among men who exclusively practice oral sex in San Francisco, CA

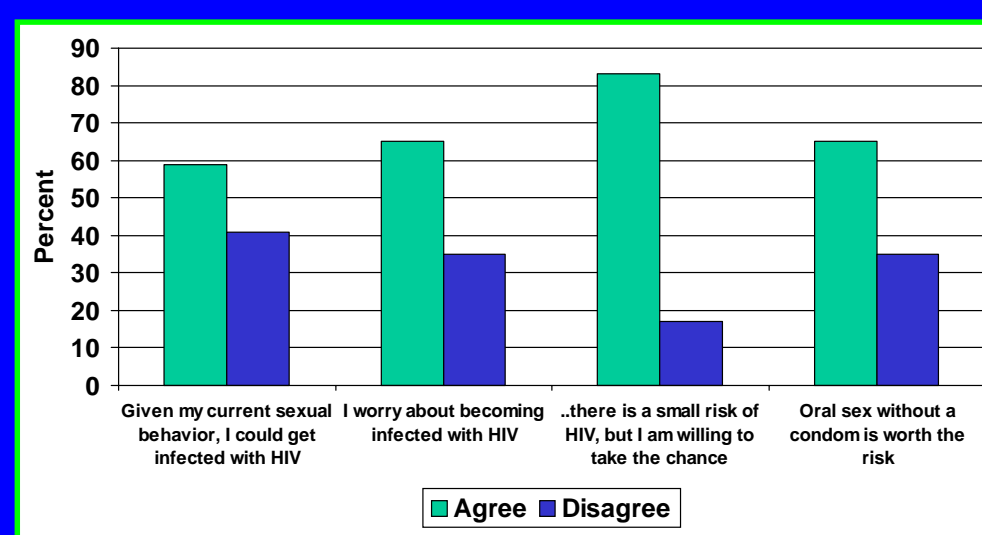
PAGE-SHAFER K, SHIBOSKI C, OSMOND D, DILLEY J, MCFARLAND W, SHIBOSKI S, KLAUSNER J, BALLS J, HERNANDEZA, GREENSPAN D, GREENSPAN J
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 San Francisco Department of PUBLIC Health: HIV Seroepidemiology and STD Prevention and Control; Department of Stomatolgy, School of Dentistry, UCSF



Demographics of male participants (N=194)

Median age (IQR)	38 (32-48)
Gay or bisexual	100%
Race/ethnicity	
Asian	9%
White	80%
Latino	7%
African American	5%
Median no. of previous HIV tests (IQR)	5 (3-10)
Median no. of male ROS partners (IQR)	3 (2-7)

ATTITUDES AND RISK PERCEPTION ABOUT ORAL SEX AND HIV INFECTION AMONG MSM WHO PRACTICED ORAL SEX EXCLUSIVELY IN THE PREVIOUS 6 MONTHS



Receptive Oral Sex behaviors in previous 6 mo.	n/N (%)
Any unprotected ROI partners in previous 6 months	188/192 (98%)
Semen in mouth	56/176 (32%)
Swallow semen (among those who get semen in mouth)	38/56 (68%)
Two or more ROS partners in previous 6 months	141/198 (71%)
Semen in mouth (among those w/≥2 ROS partners)	47/129 (36%)
Swallow semen (among those who get semen in mouth)	29/47 (62%)
ROS with known HIV positive partner	39/193 (20%)
Did not use condom with HIV+ ROS partner	34/38 (89%)
Swallow semen from HIV+ partner	15/34 (40%)
Don't like the taste of a condom during oral sex	146/164 (89%)

Hypothesized Co-Factors

- Genetics, biological history
- Oral Health
- Co-morbidity
- Drug use
- Sexual behaviors
- Partner infectivity factors

How co-factors may manifest:

Trauma, Sores, Inflammation, Allergy, STI-Coinfection, Ejaculation, Immunosuppression, Xerostomia (dry mouth)

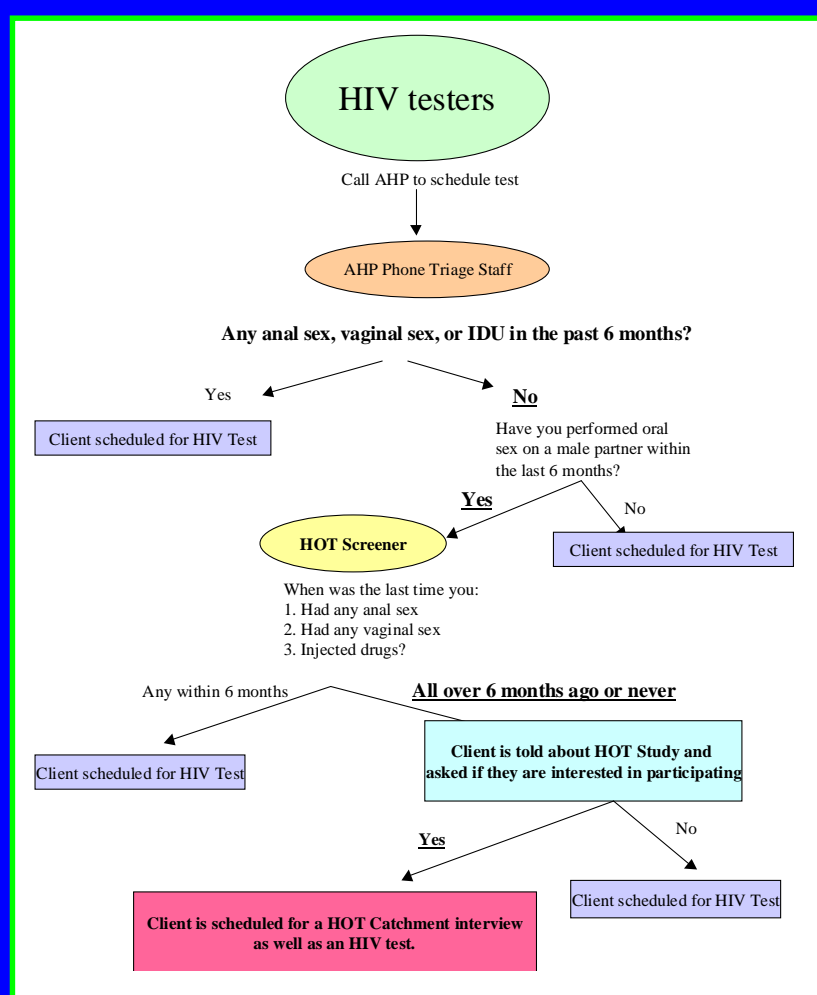
Risk

- Epidemiological studies: Receptive Oral Sex (ROS)
- Per contact risk: unprotected ROS: 0.04 (95% CI=0.001-0.17) (Vittinghoff et al., AJE, 1999)
- Risk of HIV seroconversion in MSM who report only ROS Odds Ratio = 1.01 (1.00-1.02) (Page-Shafer et al., AJE, 1997)

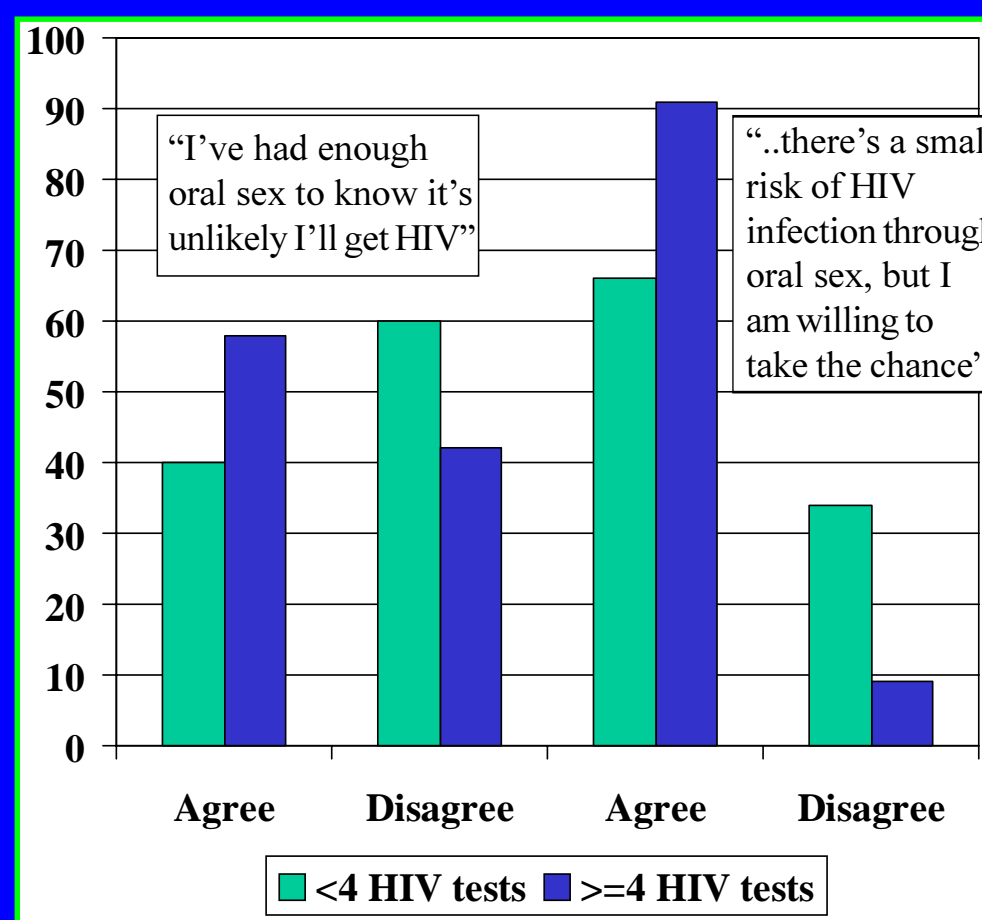
HIV Oral Transmission (HOT) Study: Methods and Results

- Case control study
- Recruit at HIV counseling and testing sites in San Francisco
- Exposure: oral sexual behavior only in past six months
 - Cases*: recently HIV infected
 - Controls: HIV negative
- Of 6,108 AHCT clients screened, 362 (6%) were eligible, 278 were asked to participate, and 198 (71%) consented to participate.
- All (100%) reported no anal or vaginal sex, or injection drug use in the prior 6 months;
- 194 were men who identified as gay/bisexual; 4 women dropped from analysis.

* Cases determined using "sensitive/less sensitive EIA testing strategy"



ASSOCIATION BETWEEN NUMBER OF PREVIOUS HIV TESTS AND ATTITUDES TOWARD ACQUIRING HIV INFECTION



ESTIMATED PROBABILITY OF ORALLY ACQUIRED HIV INFECTION

0 (95% CI: 0, 2.1%).

Conclusions

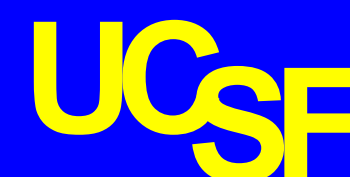
- A small percentage of men who test for HIV practice exclusively oral sex
- Although MSM who practice exclusively oral sex worry about becoming infected with HIV, they are "willing" to risk it, since they believe it is a low risk activity. Many test for HIV repeatedly to confirm this belief.
- Among MSM who practice exclusively oral sex, the probability of acquiring HIV through this behavior is extremely low. The very low risk found in this sample confirms previous scientific reports that have shown that orally acquired HIV infection is a rare event.

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University of California
San Francisco



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ASSOCIATION BETWEEN NUMBER OF ROS PARTNERS AND ATTITUDES TOWARD ACQUIRING HIV INFECTION

