

HIV Plus! Prevention

The newsletter of the Canadian HIV/AIDS Clearinghouse

Oral sex and HIV: New study rekindles debate

A study presented at the 7th National (U.S.) Conference on Retroviruses and Opportunistic Infections held earlier this year has re-kindled debate over the risk of transmission of HIV via oral sex.

ABOUT THE STUDY:

The purpose of the study, which was funded by the Centers for Disease Control and Prevention (CDC) at the University of California, was to ascertain the extent of HIV transmitted by oral sex among men who have sex with men who tested HIV positive within 12 months of becoming infected.

The study found that 8 of 102 men (7.8%) were probably infected through oral sex. Of these 8 men, 3 reported oral health problems including bleeding gums. Almost all (7 of 8) reported having oral contact with pre-semen or semen. All of the men indicated that they believed oral sex represented no or minimal risk of transmission.

This study is certainly not the first to examine oral transmission of HIV. Oral transmission has always been very difficult to identify as few people engage exclusively in oral sex and researchers must rely on study participants' reported behaviour, which may not always be accurate, particularly over time.

The CDC characterizes this study as definitive because researchers utilized new diagnostic tests to pinpoint the time of infection and assessed participant's risk behaviours using a variety of data-

gathering techniques (including clinical interviews, epidemiological interviews, counsellor interventions, examination of medical records and partner interviews). The researchers also attempted to screen for other potential risk behaviours. For example, men in the study who reported having protected anal intercourse with people who were HIV positive or whose serostatus was unknown, were eliminated if they reported that they were uncertain that they used a condom properly.

WHAT DOES THE STUDY MEAN:

The reaction to the study's results in the prevention community have been mixed. The CDC reports that the risk of oral transmission found in this study is higher than previously thought or found in other studies. U.S. health officials have expressed concern that many gay men may be using oral sex as a replacement for higher risk behaviours assuming that oral sex is a risk-free activity. They are concerned that, while oral sex is a lower risk activity, repeated exposures may add up to pose a more significant risk.

Other prevention workers do not agree with the CDC's conclusions. They point to other studies like the Vanguard Project in Vancouver and the Sydney Men and Sexual Health Study in Australia, both of which have been following several hundred gay and bisexual men for several years and have

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XIII INTERNATIONAL AIDS CONFERENCE **Our NEXT ISSUE**

will feature reports from the XIII International AIDS Conference and the 3rd International Prevention Works Symposium being held in Durban, South Africa.

Plus!

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Contributions regarding HIV prevention activities and resources are welcome and encouraged. Please direct all correspondence and submissions (preferably in electronic format) to the editor at the above address.

We encourage the dissemination of information from this newsletter. Permission to reprint material will be granted upon request, providing proper credit is given. The Canadian HIV/AIDS Clearinghouse requests a copy of publications in which material from HIV Prevention Plus is used.

The views expressed in this newsletter are solely those of the contributors and do not necessarily reflect the official policies or positions of the Canadian HIV/AIDS Clearinghouse, the Canadian Public Health Association or Health Canada.

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1st National Conference on Women and HIV/AIDS:

More research a key recommendation

400 participants attended the first National Conference on Women and HIV/AIDS in Toronto, May 25-28th. The conference brought together HIV positive women and individuals working in HIV/AIDS and other areas of women's health from across the country. They came to share their experiences and ideas, learn new information, and network.

The conference had 4 program paths: Legal, Ethical and Public Policy; Prevention; Support; and Treatment. More than 70 discussion, workshop and plenary sessions were presented during the 4 days of the conference. The conference was hosted by 4 organizations – Canadian Aboriginal AIDS Network, Canadian AIDS Society, Canadian Treatment Advocates Council, and Community AIDS Treatment Information Exchange - with the support of a National Program Partners Committee and 4 Program Selection Committees.

Conference participants had the occasion to talk and learn about several topics concerning women and HIV/AIDS. However, some subjects came up more often than others and appear to be critical issues to which the community should pay more attention in order to improve women's health and living conditions. These included:

- Microbicide development. The "liquid and invisible condom" which would allow women to protect themselves without requiring the cooperation of their male partners is urgently needed to help women protect themselves from HIV/AIDS.
- The absence of prevention programs targetting heterosexual men. This subject needs to be addressed because of men's high potential to infect women, and the increase in HIV infection transmitted by heterosexual contact in Canada.
- Programs and services for ethnocultural women. It was identified that more culturally specific programs and better access to services are needed for ethnocultural women.
- The link between violence against women and HIV. Participants identified that this issue has to be integrated into services and prevention activities for women.

Several recommendations were brought forward to address these and other issues identified at the conference. A full Conference report including all of the issues addressed and the recommendations brought forward will be available from the Canadian AIDS Society in September.

For more information on the key issues identified during the conference or on any other HIV prevention topics, contact Chantal Landry at ext. 146 (email : clandry@cpha.ca). ♦

Upcoming Conferences

XIII International AIDS Conference.

July 9-14, 2000. Durban, South Africa. For more information, visit www.aids2000.com.

The Paris Declaration: From Promise to Practise, Social Work Values in Action, Pre-Conference Symposia on HIV/AIDS.

July 29, 2000. Montreal, Quebec. Offered in conjunction with the Joint Conference of the International Federation of Social Workers and the International Association of Schools of Social Work, July 29 – August 2, 2000. For more information, call (514) 286-0855 or visit www.cassw-access.ca.

The Canadian AIDS Society's PLWHIV/AIDS Forum, Annual General Meeting and National Prevention Satellite.

July 18–23, 2000. Hull, Quebec. For more information visit www.cdnaids.ca or call 1-800-884-1058.

Health for All in the Year 2000. 91st Annual Conference of the Canadian Public Health Association.

October 22-25, 2000. Ottawa, Ontario. For more information, call the Conference Department at (613) 725-3769, email conferences@cpha.ca or visit www.cpha.ca.

CANNET program wrap-up Library Team to support CANNET members

The Clearinghouse bids fond farewell to Jocelyne Chaperon Beck, Information Specialist for the Canadian HIV/AIDS Resource Centre Network (CANNET). Jocelyne completed the final phase of the Project on March 31, 2000.

The final evaluation of CANNET indicates that Jocelyne was successful in achieving the Project's objectives in the areas of developing CANNET members' resource centre management skills, increasing communication and connections among CANNET members, and improving access to HIV/AIDS materials by strengthening local resource centres.

It is also clear from the evaluation that CANNET members would like the Clearinghouse to incorporate CANNET services into its core

programs and services. This task will fall to the Clearinghouse's Library Services Team. The Library Team has committed to continuing to support local HIV/AIDS resource centres (including CANNET members) by offering library expertise and resource management support. They will also maintain the former CANNET listserv and expand it to include others interested in HIV/AIDS resource centre issues. In addition, key aspects from the former CANNET website, like the membership and organizational databases, and the library policies and cataloguing information sections will be incorporated into the main Clearinghouse site.

For further information please contact Elizabeth Lozano at ext. 132 (email: elozano@cpha.ca). ♦

National round table results Support for comprehensive prevention resource centre

Twenty-three participants from across Canada gathered in Ottawa on April 7-8th for the National HIV Prevention Database Round Table. The purpose of the Round Table was to obtain input from a wide variety of organizations concerning the future development and potential scope of a national HIV prevention database.

There was consensus among participants that a prevention database consisting merely of a list of program titles and contact information would not play a useful role in prevention program planning. Rather, participants indicated that what is required is a "Prevention Resource Centre" which would be easily accessible and provide a range of information services. These services could include:

- A comprehensive database providing detailed information about existing prevention programs (including analysis of impact and efficacy, needs assessment and evaluation tools utilized, resources produced, etc.);
- Services to facilitate "learning and dialogue" among prevention workers including electronic services such as a prevention worker listserv, electronic bulletin board and chat room;
- Resources and training on a variety of HIV prevention subjects including the fundamentals of HIV prevention, best practise models and

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New HIV/AIDS affiliate announced

CAS, CATIE and the Clearinghouse form consortium

The Clearinghouse and its partners, the Canadian AIDS Society and the Community AIDS Treatment Information Exchange, are pleased to announce that they have formed a consortium to become the HIV/AIDS Affiliate for the Canadian Health Network (CHN). The Consortium will be responsible for providing current and relevant HIV/AIDS

information and resources for the CHN website. The Consortium will also be responsible for responding to health information requests received via the CHN site from Canadians concerning HIV/AIDS.

To learn more about CHN, visit www.canadian-health-network.ca or contact Neil Burke at ext. 149 (email: nburke@cpha.ca). ♦

Oral sex... *Continued from page 1*

yet to confirm a single case of HIV transmission via oral sex.

Regardless of these seemingly opposite positions, based on this study, are prevention experts changing their messages regarding oral sex? The answer apparently is no. The CDC maintains its position that unprotected oral sex is not a risk-free activity but that the risk of transmission is less than for unprotected anal or vaginal intercourse. The CDC's recommendations on how to prevent sexual transmission of HIV remain the same. Protection requires abstaining from sexual activity or taking precautions with all types of intercourse – either having sex with only one uninfected partner, using condoms for sexual intercourse and oral sex, and engaging in lower risk activities such as mutual masturbation.

Other prevention educators continue to maintain that oral transmission is possible but that it is rare and usually involves oral contact with semen and/or pre-semen where the lining of the mouth has been disrupted (e.g. by cuts, sores, bleeding gums, etc.).

In response to the study, the Canadian AIDS Society (CAS) has issued a statement maintaining its position that oral sex without the use of a condom is a low-risk transmission activity but that low risk does not mean no risk. CAS stands by its prevention education message outlined in the 1999 edition of *HIV Transmission: Guidelines for Assessing Risk*. The Guidelines state that there is negligible risk of HIV transmission for insertive fellatio with or without a condom. The Guidelines classify receptive fellatio with a condom as negligible risk and receptive fellatio with no condom with/without taking semen into the mouth as low risk.

For more information and/or copies of the materials consulted in preparing this article, please contact Neil Burke at ext. 149 (email: nburke@cpha.ca). (Please note that the term oral sex as used in this article refers only to fellatio. Oral sex is frequently used to describe other activities including cunnilingus and anilingus which were not addressed in the CDC study.) ♦

New Resources

The following resources are now available for distribution from the Clearinghouse:

Frequently Asked Questions about HIV/AIDS (5 new fact sheets).

[Canadian HIV/AIDS Clearinghouse, Canadian Public Health Association](#). 2000.

HIV/AIDS Epi Updates: April 2000. Bureau of HIV/AIDS, STD & TB Laboratory Centre for Disease Control, Health Canada. 2000.

Rapid HIV Screening at the Point of Care: Legal and Ethical Questions. Canadian HIV/AIDS Legal Network. 2000.

HIV Testing Information Sheets (series of 19). Canadian HIV/AIDS Legal Network. 2000.

Women and HIV/AIDS Fact Sheets. Canadian AIDS Society. 2000.

National... *Continued from page 3*

synthesized information on prevention "hot topics" (e.g. co-factors in transmission, viral load and infectiousness, etc.).

Clearinghouse staff were extremely encouraged with the Round Table as the input received validates several initiatives already being pursued. The Clearinghouse is committed to incorporating this input directly into the ongoing development of its prevention programs.

In terms of next steps, the Clearinghouse is working closely with Health Canada to identify further opportunities to act on the input from the Round Table. One possibility is the development of a database prototype. A prototype would provide front-line workers with a "hands-on" opportunity to test the utility of such a resource. For more information on the Round Table results and/or next steps contact Chantal Landry at ext. 146 (email: clandry@cpha.ca). ♦